HOUSE . . . . . No. 4127

Amendment # 1

Mr. Walsh of Lynn moves to amend the bill, H4127, in section 120, in line 1432, by striking out the figure "0.2" and inserting in place thereof the following figure "0.1".

Amendment # 2

Mr. Basile of Boston offers to amend House bill 4127 in Section 136 (line 3093) by adding after #6.), the following:-

7.) The forms shall allow the incorporation of personalized medicine, diagnostic information, and where relevant, personalized genomic, metabolic, cellular and anatomic data.

Amendment # 3

Representative Chan of Quincy moves to amend House bill 4127, in SECTION 121, in section 57, in line 1980, by inserting after the words "services" the words, ", including patient confidence";
and in line 2020, by inserting after the word "website.", the following subsection:-
(d) In designing the website, the division institute shall conduct usability research, including consultation with organizations that represent consumers, and conduct focus groups that represent a cross section of consumers in the commonwealth, including low income consumers and consumers with limited literacy. The website shall comply with the Americans with Disabilities Act, and shall indicate which provider services are physically and programmatically accessible, including access to physical examination equipment, to people with disabilities. The website shall be available in any primary language spoken by more than 5 per cent of the residents of the commonwealth."

Amendment # 4

Mr. Basile moves to amend the bill (House, No. 4127) by inserting the following new section:-
SECTION 1: Section 9 of Chapter 330 of the Statutes of 1994, as amended by Section 3 of Chapter 63 of the Statutes of 1995, is amended by striking out section 6 therein and inserting in place thereof the following:-
Section 6. Upon the approval of the commissioner, the medical professional mutual insurance company, may for any purposes, including, but not limited to the fixing of separate percentages of dividends under section eighty of chapter one hundred and seventy-five, consider the business of each category of health care provider as a separate

line of business; provided, however, that the doctor of dental science category of insured shall continue to be treated as a separate line of business by the medical professional mutual insurance company to the extent required by chapter ninety-two of the acts of nineteen hundred and ninety-one, and, as promptly as possible after the effective date of this act, any excess surplus of the association as determined by the commissioner attributable to the doctor of dental science category of business as of the effective date of the conversion shall be paid as a dividend by the mutual company for the benefit of the association's doctor of dental science policyholders entitled thereto in accordance with the methodology established and employed by the association for the payment of dividends to its doctor of dental science policyholders prior to the date of the conversion. Any person in the doctor of dental science category of insureds who was insured by the association at the time of the conversion may elect to continue to be insured by the mutual company by specifically assigning in writing this first dividend to be paid after the effective date of this act back to the mutual company.

Effective January first, two thousand and eleven, all excess surplus as determined by the commissioner, allocable to doctor of dental science policies issued by the company at any time on or prior to December thirty-first, two thousand and ten, shall be paid annually, on or about July first of the following year, as a dividend to those persons, firms and entities entitled thereto, pursuant to the methodology established and employed by the association for the distribution of such dividends prior to the conversion. No portion of such excess surplus as determined by the commissioner shall be used or allocated for any other purpose or purposes and upon the payment of such dividend, there shall be no excess surplus allocable to those doctor of dental science policies issued by the company at any time on or prior to December thirty-first, two thousand and ten. The medical professional mutual insurance company shall annually notify each person, firm or entity entitled to such dividend of the amount of such dividend to which he is entitled. For the purposes of this section, "excess surplus" shall mean any surplus allocable to the association's doctor of dental science category of insureds beyond an amount determined by the commissioner to be reasonably necessary as a margin against adverse development.

Amendment # 5

Mr. Chan of Quincy moves to amend the bill by inserting at the end thereof the following new section:

Section _____There shall be a long-term services and supports advisory committee to advise the general court, the office of Medicaid, and other state agencies on opportunities to improve health care cost and quality through community-based long-term care services. The commission shall consist of the following 16 members and shall be jointly chaired by a member of the house of representatives and a member of the senate: 2 representatives of the house of representatives, 1 of whom shall be chosen by the minority leader; 2 representatives of the senate, 1 of whom shall be chosen by the minority leader; the director of the office of medicaid or a designee; the secretary of elder affairs or a designee; the commissioner of health care finance and policy or a designee; the commissioner of public health or a designee; the secretary of administration and

finance or a designee; and 7 appointees of the governor, 2 of whom shall be consumer representatives and 5 of whom shall be representatives of community-based long-term care providers, of which at least 2 are for-profit entities, and all of which represent services approved by the Medicaid State Plan.

The advisory committee shall evaluate the effect of long-term services and supports on reducing health care costs and improving health care quality and shall recommend opportunities to improve or expand existing long-term services and support programs including, but not limited to, implementation of value-based purchasing strategies and the development and deployment of an electronic community care record for community-based long-term care services. The committee shall report the results of its study, together with drafts of legislation, if any, necessary to carry out its recommendations, by filing the same with the clerks of the house of representatives and the senate who shall forward a copy of the study to the house and senate committees on ways and means and the joint committee on health care financing not later than January 15, 2013.

Amendment #6

Ms. Canavan of Brockton moves that the bill be amended in Section 121, by striking out subsection (d) of proposed section 56 of chapter 118G of the General Laws and inserting in place thereof the following subsection:

(d) The division shall coordinate and compile data on quality improvement programs conducted by state agencies and public and private health care organizations. The division shall consider programs designed to (i) improve patient safety in all settings of care; (ii) reduce preventable hospital readmissions; (iii) increase nurse staffing levels; (iv) prevent the occurrence of and improve the treatment and coordination of care for chronic diseases; and (v) reduce variations in care. The division shall make such information available on the division's consumer health information website. The division may recommend legislation or regulatory changes as needed to further implement quality improvement initiatives;

And moves that the bill be further amended in said Section 121, subsection (b) of proposed section 57 of chapter 118G of the General Laws, in line 2010 by striking out the word "and" before the words "(x) descriptions of standard quality measures,";

and in line 2011 by adding after the words "by the division" the following words: " ;and (xi) data concerning the nurse staffing levels at each acute care facility."

Amendment # 7

Messrs. Chan of Quincy and Kafka of Stoughton move to amend the bill in Section 121 in line 2211 by striking the figure “6” and inserting in place thereof the figure “7”;
And by further amending the section in line 2213 by inserting after the words “hospital or

hospital association" the following: - "1 representative from a medical device manufacturer,".

Amendment # 8

Representative Sciortino of Medford moves to amend the bill, in Section 121, in line 1544, by inserting after the words "cultural factors" the following subsection:

"(e) Any alternative payment methodology that contains a provision for shared savings between the provider and the payer shall contain a mechanism to return a percentage of the savings to the plan participants.

Amendment # 9

Rep. Mahoney of Worcester moves to amend House bill 4127 in Section 124 by adding a new subsection: -

Section 17. For the purposes of this section, the following terms shall have the following meanings:

"Telehealth/telehealth technology," includes the delivery of medical services and any diagnostic, treatment or health management assistance utilizing interactive audio, interactive video and/or interactive data transmission relative to the health care of a patient in a home care setting. Telehealth technology services do not include telephone conversations, electronic mail messages or facsimile transmissions.

"Certified home health agency," includes those home health agencies that are approved for participation in the Medicare and Medicaid programs.

"Home care services," services provided to a home health patient by a certified home health agency.

a) For purposes of long-term health care cost savings and enhanced patient care, the division shall encourage the use of telehealth technology provided by a Medicare-certified home health agency or visiting nurse association through the ACO.

b)The Commonwealth shall recognize telehealth provided by home health agencies as a service to clients otherwise reimbursable through Medicaid, provided that the funds authorized herein shall be short term reimbursement made through MassHealth.

c) Rates for telehealth services shall reflect costs on a monthly basis in order to account for daily variation in the intensity and complexity of patients' telehealth service needs; provided that such rates shall further reflect the cost of the daily operation and provision of such services, which costs shall include the following functions undertaken by the participating certified home health agency:

d) The home health patient's shall be responsible for the accuracy, maintenance and instruction on the usage of telehealth technology.

Amendment # 10

Representative O'Day of West Boylston moves to amend the legislation (H.4127) in Section 120, lines 1424-1446, by striking that entire subsection/paragraph and inserting in place thereof the following subsection/paragraph: -
Section 40. (a) Health care systems that operate acute hospitals that have a total of more than $1,000,000,000 in unrestricted net assets as of June 30, 2011, as reported under MGL Chapter 118G, Section 6(A) and in the required hospital financial filings to the Division of Health Care Finance and Policy, shall be assessed a surcharge to be paid to the division for the distressed hospital fund, created under section 2DDDD of chapter 29 to be paid annually starting from July 1, 2013 and through July 1, 2017. The annual surcharge amount for each of these five years shall equal $70,000,000 and be allocated proportionally among the surcharge payers based upon the percentage of the surcharge payer's unrestricted net assets relative to the other surcharge payers' unrestricted net assets. Provided, however, that this surcharge shall not be assessed on an a health care system which operates an acute care hospital which limits services primarily to children and which qualifies as exempt from the Medicare Prospective Payment system regulations

Amendment # 11

Rep. Mahoney of Worcester moves that the bill be amended in Section 98, in subsection (b) of proposed section 2 of chapter 118G of the General Laws, by striking out the words "1 of whom shall be a practicing nurse licensed to practice in the commonwealth," and inserting in place thereof the following: "1 of whom shall be a practicing nurse licensed to practice in the commonwealth and a member of the Massachusetts Nurses Association,"

Amendment # 12

Mr. Murphy of Weymouth moves that the bill be amended in Section 20 in subsection 29 (line 247) by adding the following new paragraph:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. To the extent that the commission is releasing patient level data, the commission shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 21 by adding in subsection 32at the end of line 266, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. To the extent that any appropriate public authority is releasing patient level data, that appropriate public authority shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 121 by adding in subsection 51(a)(iii) at the end of line 1846, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 135 by adding in subsection 108M at the end of line 3055, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 139 by adding in subsection 37 at the end of line 3134, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 140 by adding in subsection 25 at the end of line 3152, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 141 by adding in subsection 33 at the end of line 3170, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

And that the bill further amended in Section 150 by adding in subsection 16 at the end of line 3228, the following new language:-

"Provided, however that any disclosure of patient level data shall be in compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and with the Fair Information Practices Act, M.G.L. c. 66A, to the extent that the data collected are "personal data" within the meaning of the Fair Information Practices Act, M.G.L. c. 66A. The division shall promulgate regulations that will protect personal health information consistent with HIPAA and the Fair Information Practices Act, M.G.L. c. 66A."

Amendment # 13

Mr. Murphy of Weymouth moves that the bill be amended in Section 96 in line 1203 by striking the word "care" and putting in the place thereof the word "plan".

Amendment # 14

Mr. Murphy of Weymouth moves that the bill be amended in Section 121 in lines 1910 through 1914 by striking section 55 and inserting in its place the following new section:-

"Section 55. (a) The Division of Insurance shall evaluate measures to address ERISA restrictions and recommend potential incentives for employers who participate in self-funded plans to participate in alterative payment arrangements."

Amendment # 15

Mr. Mariano of Quincy moves to amend House No. 4127 by inserting after section 143 the following section:

"SECTION 143A. Subsection (b) of section 6 of Chapter 176J of the General laws, as so appearing in the 2010 Official Edition, is hereby amended by adding the following subsection:-
(xi) For purposes of this section, medical loss ratios shall not include fees on commissions included in premiums that are collected solely for the purpose of passing such fees or commissions on to insurance agents or brokers to the extent such fees or commissions are actually paid."

Amendment # 16

Mr. Scibak of South Hadley moves to amend the bill, in SECTION 124 by inserting after subsection (d) in section 10 of proposed Chapter 118J the following new section:-

"(e) The division may evaluate and provide guidance to ACO's regarding the appropriate use and ordering of medically necessary testing enabled though testing protocols and clinical integration of health care providers within and outside of the organization, including, but not limited to the medical director of the clinical laboratory."

Amendment # 17

Mr. Donato of Medford moves that the bill be amended in Section 96 in lines 823 through 839 by striking Section 66 and inserting the following new section:-

Section 66. To the greatest extent possible, the office of Medicaid shall transition providers who are capable of such a transition, away from fee-for-service models of payment, and towards greater use of alternative payment methods including but not limited to shared savings, bundled or episodic payments, or global payments. In developing such a program, the office of Medicaid shall consult with the Medicaid managed care organizations, Senior Care Options plans, PACE plans, and Medicaid Medicare Integrated Plans under contract with the commonwealth to provide services to beneficiaries, and to the greatest extent possible utilize said Medicaid managed care organizations, Senior Care Options plans, PACE plans, and Medicaid Medicare Integrated Plans in implementing the requirements of this section.
In making the transition to alternative payment method, the office of Medicaid, along with the Medicaid managed care organizations, shall achieve the following benchmarks to the maximum extent feasible:
(i) Not later than January 1, 2013, reimbursement for at least 25 per cent of MassHealth enrollees that are not also covered by other health insurance coverage, including Medicare and employer-sponsored or privately purchased insurance shall be based on an alternative payment arrangement for members.
(ii) Not later than January 1, 2014, reimbursement for at least 40 per cent of

MassHealth enrollees that are not also covered by other health insurance coverage, including Medicare and employer-sponsored or privately purchased insurance shall be based on an alternative payment arrangement for members.
(iii) Not later than January 1, 2015, reimbursement for at least 50 per cent of MassHealth enrollees that are not also covered by other health insurance coverage, including Medicare and employer-sponsored or privately purchased insurance shall be based on an alternative payment arrangement for members.

Amendment # 18

Mr. Donato of Medford moves to amend the bill (House, No. 4127) in SECTION 84 by inserting after the words "as determined by the board" the following words:--
"to be applicable to the medical specialty"

And further moves to amend the bill in SECTION 84 by inserting after the words "as set forth in 45 CFR 170" the following words:--
",except for those medical specialties that rely upon other forms of health information technology, including laboratory information systems."

Amendment # 19

Representative Lewis of Winchester moves to amend the bill by adding the following section:-
SECTION__. In order to determine, as a basis for legislative and administrative action, the resources and approaches needed to achieve the healthcare and wellness goals of the Commonwealth, a committee, known as the Massachusetts Prevention Council, shall be established. The commission shall consist of the Commissioner of the Department of Public Health, or his designee; the Secretary of the Executive Office of Health and Human Services, or her designee; the Secretary of the Executive Office of Energy and Environmental Affairs, or his designee; the Secretary of Executive Office of Education, or his designee; the Secretary of the Executive Office of Transportation, or his designee; the Secretary of Executive Office of Housing and Economic Development, or his designee; the Secretary of Executive Office of Public Safety, or her designee; the Secretary of Executive Office of Elder Affairs, or her designee; the Commissioner of the Department of Conservation and Recreation, or his designee; the Commissioner of the Department of Environmental Protection, or his designee; the chairs of the Joint Committee on Health Care Financing, or their designees and the chairs of the Joint Committee on Public Health, or their designee. An advisory council to the commission will consist of 1) designees from a representative sample of communities with a population over 125,000, and a representative sample of communities with a population under 125,000; 2) public health advocacy groups; 3) healthcare providers from a representative sample of large hospital systems, small hospitals, and community health centers; 4) other governmental departments. Using the model of the National Prevention Council, the commission shall create Massachusetts Prevention Strategy to work in parallel with federal efforts, as well as to best integrate the ongoing state and local efforts in the Commonwealth. The Massachusetts Prevention Strategy would work to integrate

and align policies among federal, state and local governments, as well as promote public and private cooperation and partnerships to achieve a healthier Massachusetts. The commission may hold hearings and invite testimony from experts and the public. The commission shall review and identify best practices learned from similar efforts in other states, and from the federal government, in order to lower health care costs and improve quality of care. Members of the commission shall be named and the commission shall commence its work within 60 days of the effective date of this act. The commission shall report to the general court the results of its investigation and study, and recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect by filing the same with the Clerks of the Senate and the House of Representatives on or before January 2, 2014. The Clerks of the House and Senate shall make the report available to the public through the Internet.

Amendment # 20

Representative Denise Andrews of Orange moves to amend the bill, in section 134, by inserting in line 3037 after the first sentence the following sentences:-
The commissioner shall promulgate regulations setting standards for implementation of this clause. Prior to proposing regulations, the commissioner shall consult with groups representing consumers, patients with chronic disease, people with disabilities, and seniors, experts in behavioral economics, as well as other interested parties. The standards shall protect worker privacy and shall only result in premium rate adjustments for an insured group that offers an approved wellness program.

Amendment # 21

Ms. Andrews of Orange moves to amend the bill by inserting at the end thereof the following new section:-
"SECTION XX. (a) Notwithstanding any general or special law to the contrary, there shall be established a health care executive compensation task force. The task force shall consist of the house and senate chairs of the joint committee on labor and workforce development, who shall serve as co-chairs; the speaker of the house of representatives or his designee; the president of the senate or her designee; the house minority leader or his designee, the senate minority leader or his designee, the governor or his designee; the state auditor or her designee; the state treasurer or his designee; the attorney general or her designee; the secretary of labor and workforce development or her designee; and 2 representatives from the general public with expertise in competitive compensation and organizational design to be selected by the co-chairs of said task force.
(b) The task force shall undertake a study of various legislative proposals to amend health care and labor laws, including, but not limited to executive compensation. Said study shall include, but not be limited to, an analysis of: (1) a 20 year comprehensive analysis of total executive compensation, including wages, stock options and benefits, in the absolute and in comparison to the hourly workforce; (2) executive compensation as a percent of health care product, service and delivery costs; and (3) executive compensation trends relative to the consumer price index.
(c) The task force shall complete its study and submit its final report in writing to the

joint committee on labor and workforce development, the joint committee on health care financing, the attorney general and the governor on or before July, 1 2013. Said report shall include recommendations for legislation and a fiscal note for implementing such legislation."

Amendment # 22

Mr. Vallee moves to amend the legislation (H.4127) in Section 98, by striking "9" at 1193 and replacing that language with "10" and moves to further amend the legislation by adding after the words "except in administration and finance," as appearing at line 1201, the following: "1 of whom shall be an expert representative from a labor organization representing the health care workforce,"

Amendment # 23

Mr. Markey of Dartmouth moves to amend the bill (House, No. 4127) by adding the following new section:-

"SECTION XX. The Commonwealth shall inform MassHealth applicants of the option to enroll in Senior Care Option (SCO) or Program of All-Inclusive Care for the Elderly (PACE) and differential benefits that would be gained by enrolling in a SCO or PACE program at the time of application for MassHealth benefits.

- Any notice or mailings to MassHealth members about MassHealth benefit changes shall include information about the option to enroll in SCO or PACE with specific reference to the member benefits and financial savings gained by enrollment;
- Any notice or mailings to MassHealth members about redeterminations shall include information about the option to enroll in SCO or PACE with specific reference to the member benefits and member financial savings gained by enrollment;
- MassHealth eligibles not enrolled in SCO or PACE shall be informed at least one time per year via a mailing or other means of the option to enroll in SCO or PACE with specific reference to the member benefits and member financial savings gained by enrollment;

Serving Health Information Needs of Elders (SHINE) and other publicly funded Information and Referral counselors shall be oriented to and expected to share information with eligible MassHealth members about the right to enroll in SCO or PACE and the member benefits and member financial savings associated with SCO or PACE membership.".

Amendment # 24

Mr. Cabral of New Bedford moves to amend the bill in Section 123, by striking, in lines 2666-2667, the words "section 1 of chapter 111" and inserting in place thereof the following words:- "section 1 of chapter 118G"

Amendment # 25

Mr. Cabral of New Bedford moves to amend the bill in Section 50, by inserting, in line 1821, after the words "not limited to," the following words:-
"health care services, as defined in section 1 of chapter 118G of the General Laws,"

Amendment # 26

Mr. Cusack of Braintree moves to amend the bill by inserting, after section xx, the following section.
SECTION XX. Chapter 111 of the General Laws is hereby amended by striking out the definition of "clinic" in section 52, and inserting in place thereof the following definition:-
"Clinic", any entity, however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained for the purpose of providing ambulatory medical, surgical, dental, physical rehabilitation, or mental health services. In addition, "clinic" shall include any entity, however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained under a name which includes the word "clinic", "dispensary", or "institute", and which suggests that ambulatory medical, surgical, dental, physical rehabilitation, or mental health services are rendered therein. With respect to any entity which is not advertised, announced, established, or maintained under one of the names in the preceding sentence, "clinic" shall not include a medical office building, a location operated by a corporation organized under chapter 180 for purposes that include the practice of medicine, or one or more practitioners engaged in a solo or group practice, however organized, so long as such practice is wholly owned and controlled by one or more of the practitioners so associated, or a clinic established solely to provide service to employees or students of such corporation or institution; provided, however, that an entity exempt from licensure under this sentence may obtain a license for some, or all, of its locations. For purposes of this section, clinic shall not include a clinic conducted by a hospital licensed under section fifty-one or by the federal government or the commonwealth.

Amendment # 27

Mr. Cusack of Braintree moves to amend the bill by inserting in Section 123 subsection 2B, relative to Health Information Technology, after the words "1 shall be from a long term care facility," the following: "1 shall be from a Medicare-certified home health agency."

Amendment # 28

Representatives Reinstein of Revere, Ferrante of Gloucester, and Lewis of Winchester move to amend the bill (House Bill 4127) by inserting at the end thereof the following new sections:-

Section __. Chapter 111 of the General Laws is hereby amended by inserting after section 51H the following section:-

Section 51I. The department shall promulgate regulations regarding limited services clinics. Such regulations shall promote the availability of limited services clinics as a point of access for health care services within the full scope of practice of a nurse practitioner or other clinician providing services.

Section __. Section 52 of chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting, after the definition of "Institution for unwed mothers" the following 2 definitions:-

"Limited services", diagnosis, treatment, management, monitoring of acute and chronic disease, wellness and preventative services of a nature that may be provided within the scope of practice of a nurse practitioner or other clinician providing services using available facilities and equipment, including shared toilet facilities for point-of-care testing.

"Limited services clinic", a clinic that provides limited services and that a limited services clinic may not serve as a patient's primary care practitioner

Amendment # 29

Mr. O'Day of West Boylston moves that the bill (H 4127) be amended in Section 82, proposed section 226 of chapter 111 of the General Laws, by inserting before the definition of "Hospital" the following definition:

"Health Care Workforce", personnel that have an effect upon the delivery of quality care to patients, including, but not limited to, licensed practical nurses, unlicensed assistive personnel and/or other service, maintenance, clerical, professional and/or technical workers and other healthcare workers.;

And in line 659 of said section, by striking out the word "nurse" and inserting in place thereof the words: "member of the health care workforce";

And in line 660 of said section by striking out the word "nurse" and inserting in place thereof the word "employee";

And in said Section 82, subsection (b) of proposed section 226 of chapter 111 of the General Laws, by striking out the word "nurse" and inserting in place thereof the words: "member of the health care workforce"; and striking out the words "an emergency

situation" and inserting in place thereof the following words: "a federal or state emergency or a facility wide emergency";

And moves that the bill be further amended in Section 82,subsection (c) of proposed section 226 of chapter 111 of the General Laws, by striking out the words "an emergency situation" and inserting in place thereof the following words: "a federal or state emergency or a facility wide emergency";

And moves that the bill be further amended in Section 82,subsection (d) of proposed section 226 of chapter 111 of the General Laws, by striking out the words, "an 'emergency situation'" and inserting in place thereof the following words: "a 'facility wide emergency'".

Amendment #30

Ms. Walz of Boston moves to amend the bill (H. 4127) by adding the following two sections:-
SECTION XX. The department of elementary and secondary education, in consultation with the department of public health, shall conduct a statewide analysis of and submit a report on the provision of health education by school districts and Commonwealth charter schools. In preparing said report, the department of elementary and secondary education shall use the data and information obtained in the Massachusetts School Health Profiles surveys conducted in 2008, 2010, and 2012 as well as data and information it obtains through other means. The report shall include, but not be limited to, the following information for each public school district and Commonwealth charter school:-
(a) a description of health education curricula offered in each grade level and whether these curricula are aligned with the comprehensive health strands and learning standards recommended in the Massachusetts comprehensive health curriculum frameworks;
(b) the number of students receiving such health education by grade level;
(c) health education requirements by grade level; and
(d) the number and percentage of students in each district and charter school who opt-out of any portion of the health education curriculum under the provisions of section 32A of chapter 71.
The department shall report its findings and any recommendations concerning health education to the clerks of the senate and the house of representatives, who shall forward the same to the chairs of the joint committee on education and the chairs of the house and senate committees on ways and means on or before June 30, 2013. The department of elementary and secondary education shall submit an update to the joint committee on education on the status of its efforts to complete this report on or before December 31, 2012.
SECTION XX. The department of elementary and secondary education, in conjunction with the department of public health, shall provide linkages for resources and programs on health education. The department shall biennially update the list and shall post it on the department's website.

Amendment #31

Ms. Walz of Boston moves to amend the bill (H. 4127) by adding the following section:- SECTION XXX. There shall be a special task force to study issues related to the accuracy of medical diagnosis in the commonwealth called the Massachusetts diagnostic accuracy task force. The task force shall investigate and report on: (1) the extent to which diagnoses in the commonwealth are accurate and reliable, including the extent to which different diagnoses and inaccurate diagnoses arise from the biological differences between the sexes; (2) the underlying systematic causes of inaccurate diagnoses; (3) an estimation of the financial cost to the state, insurers and employers of inaccurate diagnoses; (4) the negative impact on patients caused by inaccurate diagnoses; and (5) recommendations to reduce or eliminate the impact of inaccurate diagnoses.

The Massachusetts diagnostic accuracy task force shall be comprised of 9 members: 1 of whom shall be the secretary of health and human services, who shall chair the task force; 1 of whom shall be the commissioner of public health or a designee; 1 of whom shall be the chair of the board of registration in medicine or a designee; 1 of whom shall be the chair of the board of registration in nursing or a designee; and 5 members chosen by the governor, 1 of whom shall be a provider with experience in the area of diagnostic accuracy, 1 of whom shall be a representative of a Massachusetts health plan, 1 of whom shall be an employer with experience in implementing programs to address diagnostic inaccuracy, 1 whom shall represent an organization based in the commonwealth with experience creating and supporting the implementation of programs on diagnostic accuracy and value-based benefit design, and 1 of whom shall be a non-physician health care provider.

Amendment #32

Ms. Walz of Boston moves to amend the bill (H. 4127):-
In Section 124, in line 2820, by striking out (j) and inserting in place thereof (k) and by inserting after the words "palliative care; and" in line 2819 the following:- "(j) The ability to provide reproductive and sexual health services, including comprehensive family planning services either internally within the ACO or by contractual agreement.".

Amendment #33

Ms. Walz of Boston moves to amend the bill (H. 4127):-
In Section 98, in line 1196, by striking out the figure "9" and inserting in place thereof the figure "11"; in line 1197, by striking out the figure "4" and inserting in place thereof the figure "6"; in line 1200, by inserting after the word "care," the following:- "1 of whom shall be an expert in women's health, 1 of whom shall be a purchaser of health insurance selected by the Associated Industries of Massachusetts,".

Amendment #34

Mr. Costello of Newburyport moves to amend H.4127 by striking SECTION 67 in its entirety.

Amendment #35

Mr. Costello of Newburyport moves to amend H.4127 in SECTION 67, in line 569, by striking the number "9" and inserting in place thereof the following: "199"

Amendment #36

Mr. Costello of Newburyport moves to amend H. 4127 by adding the following new section:
"SECTION XXX. To maximize the cost-effective and efficient use of nursing homes licensed under chapter 111, section 71 of the General Laws in the commonwealth's post-acute health care delivery system, the executive office of health and human services shall seek from the Secretary of the Department of Health and Human Services an exemption or waiver from the Medicare requirement set forth in 42 U.S.C. §1395x(i) that an admission to a skilled nursing facility be preceded by a three-day hospital stay."

Amendment #37

Mr. Costello of Newburyport moves to amend H.4127 by adding the following new section:
"SECTION XXX. Chapter 111 of the General Laws is hereby amended by inserting after section 70G the following section:-
Section 70H. Notwithstanding any provision in chapter 93A, sections 70E, 72E and 73 and 940 CMR section 4.09, a facility or institution licensed by the department of public health under section 71 may move a resident to different living quarters or to a different room within the facility or institution if, as documented in the resident's clinical record and as certified by a physician, the resident's clinical needs have changed such that the resident either (1) requires specialized accommodations, care, services, technologies, staffing not customarily provided in connection with the resident's living quarters or room, or (2) ceases to require the specialized accommodations, care, services, technologies or staffing customarily provided in connection with the resident's living quarters or room; provided, however, that nothing in this section shall obviate a resident's notice and hearing rights when movement to different living quarters involves a resident moving from a Medicare-certified unit to a non-Medicare-certified unit or involves a resident moving from a non-Medicare-certified unit to a Medicare-certified unit and, provided, however, that the resident shall have the right to appeal to the facility's or institution's medical director a decision to move the resident to a different living quarter or to a different room within the facility or institution."

Amendment #38

Mr. Costello of Newburyport moves to amend H.4127, in SECTION 136, in lines 3074, 3096, 3105, and 3110 by striking "2013" and inserting in place thereof "2014".

Amendment #39

Mr. Costello of Newburyport moves to amend H.4127, in Section 120, in line 1456, by adding after "December 31, 2012" the following "; provided further that such one-time assessment funds shall be collected in such manner to allow periodic payments over a three year time period."

Amendment #40

Mr. Sannicandro of Ashland moves that the bill (House , No. 4127) be amended by inserting the following new section:-
SECTION XX. Chapter 270 of the General Laws is hereby amended by adding the following section:-
Section 6B. Possession of cigarettes or cigarette rolling papers by minors
Whoever, being under eighteen years of age, knowingly purchases, possesses, transports or carries on his person, any tobacco or cigarette rolling papers, shall be required to enroll in a tobacco education and cessation program, provided, however, that this section shall not apply to a person who knowingly possesses, transports or carries on his person, cigarettes or cigarette rolling papers in the course of his employment. Such tobacco education and cessation program imposed by this section shall be approved by the Massachusetts Tobacco Cessation and Prevention Program.
A police officer shall notify the parent or guardian of a person who violates this section of the violation within forty-eight hours of the violation if the contact information of a parent or guardian is reasonably ascertainable by the officer. The notice may be made by any means reasonably calculated to give actual notice, including notice in person, by telephone, or by first-class mail.
A person who violates this section shall forfeit any tobacco and any false identification in his or her possession upon the request of any police officer.
The court shall treat a violation of this section as a civil infraction. A person complained of for such civil infraction shall be adjudicated responsible upon such finding by the court and shall neither be sentenced to a term of incarceration nor be entitled to appointed counsel pursuant to chapter 211D. An adjudication of responsibility under this section shall not be used in the calculation of second and subsequent offenses under any chapter, nor as the basis for the revocation of parole or of a probation surrender.

Amendment #41

Mr. Costello of Newburyport moves to amend H. 4127 in section 145, in line 3186, by deleting the words "only 1 facility" and inserting in place thereof the following: -- "no more than 5 facilities"; and in section 146, in line 3198, by inserting the following new sentence: -- "The provisions of the second and third sentences of this subsection shall not apply to comprehensive cancer centers, as defined in section 1 of chapter 118G of the General Laws."

Amendment #42

Mr. Scaccia of Boston moves to amend H. 4127, in Section 121, in proposed Section 58 of Chapter 118G of the General Laws, in line 2021, by striking out the number "17" and inserting in place thereof the number "18";

And in said Section 121, in proposed Section 58 of Chapter 118G of the General Laws, in line 2032 of said section, by inserting after the word "Recovery," the words ", Massachusetts Nurses Association";

Amendment #43

Mr. Chan of Quincy moves to amend H.4127 in line 1049 by striking out the definition of "medical spend" and inserting in place thereof the following definition:-

"Medical spend", the annual per capita sum of all health care expenditures in the commonwealth from public and private sources, including: (i) all categories of medical expenses and all non-claims related payments to providers, as included in the health status adjusted total medical expenses reported by the division; (ii) all patient cost-sharing amounts, such as deductibles and copayments; and (iv) the net cost of private health insurance, or as otherwise defined in regulations promulgated by the division."

And further amends the bill in subsection 47 of section 121 by inserting the following words:-

(h) "Allowed growth", the percentage as specified in section 46(b)(2) divided by relative price. Allowed growth is equal to the percentage specified in section 46(b)(2) for health care entities for which there is no relative price reported."

And further amends the bill in section 121 by striking out the words "the modified potential gross state product growth rate" throughout the section and inserting in place thereof the following words: "their allowed".

Amendment #44

Representative O'Day of West Boylston moves to amend the bill in SECTION 98 Section 2(b) by striking "9" in line 1196 and replacing with "11" and striking "4" in line 1197 and replacing with "6" and adding after the words "and 1 of whom shall be a primary care provider licensed to practice in the commonwealth" in line 1201 the words "and 2 of whom shall be members of labor organizations selected from a list of 3 names submitted by the President of the Massachusetts AFL-CIO."

Amendment #45

Mr. Chan of Quincy moves to amend H.4127 in line 540 by inserting after the words "the facility" the following words: "or its parent company"

And further amends the bill in line 543 by adding after the word "services" the following words: "under commercial contract."

Amendment #46

Representatives Kane of Holyoke and Finn of West Springfield move to amend the Bill in section 124, line item 2853, by deleting "30,000" replacing it with "15,000".

Amendment #47

Mr. Kane moves to amend the bill (House, No. 4127) by inserting at the end thereof the following new section:

"Provided further, MassHealth shall establish capitation rates for the senior care options plans and programs of all-inclusive care for the elderly through a rate setting process that is actuarially sound and transparent."

Amendment #48

Mr. Nangle of Lowell moves that the bill be amended in Section 136 by adding after subsection (d)(6) in line 3092 the following new subsection:

"(e) Nothing in this section shall limit a health plan from requiring prior authorization for services."

Amendment #49

Mr. Nangle of Lowell moves to amend the bill in Section 124, in line 2914 by striking out the word "may" and inserting in place thereof the word "shall"

Amendment #50

Mr. Nangle of Lowell moves to amend the bill in SECTION 97, in line 1004, by addingafter the word "psychiatric" the words ", physical therapy".

Amendment #51

Mr. Kulik of Worthington moves to amend the bill, in Section 121, by striking out in lines 2231-2232 the words "and (iv) the Ambulatory Care Experiences Survey" and inserting in place thereof the following words, "(iv) measures of patient confidence or patient engagement; and (v) the Ambulatory Care Experiences Survey".

Amendment #52

Mr. Kulik moves that the bill be amended in SECTION 85 in line 711 by striking the word "medical",

And further amends the bill in SECTION 124 in line 2887 by striking the word "medical",
And further amends the bill in SECTION 179 in line 3645 by striking the word "medical",
And further amends the bill in SECTION 180 in lines 3661 and 3706 by striking the word "medical".

Amendment #53

Mr. Torrisi of North Andover moves that House Bill 4127 be amended by striking subsection (i) of Section 66 and inserting the following new subsection:-

(i) The division may grant exemptions from the requirements of this section if a system demonstrates to the satisfaction of the division that at a minimum, the following criteria have been met:
(1) The provider system receives over 50 percent of its revenue from alterative payment arrangements;
(2)The provider system has fully implemented one unifying, interoperable electronic medical record system across all providers and facilities within the system;
(3)The provider system has implemented quality improvement initiatives with demonstrable improvements in quality of care provided;
(4)The provider system has successfully implemented programs to direct care to the appropriate and lowest costing setting within its system; and
(5)The provider system can demonstrate that is has implemented appropriate measures to eliminate unnecessary duplication of health care services within the system.

Amendment # 54

Mr. Basile of Boston moves to amend the bill in Section 121, in line 1568 by adding after the words "social workers" the following: "specialty care providers licensed in the commonwealth to provide rehabilitative and habilitative services, including but not limited to physical therapists, occupational therapists and speech language pathologists, as well as,"

Amendment #55

Mr. Basile of Boston moves to amend the bill in Section 121, in line 2214 by inserting after the words "provider association," the following: "3 representatives from the following associations of licensed health care professionals providing rehabilitative or habilitative services: The American Physical Therapy Association of Massachusetts, the Massachusetts Association of Occupational therapy, and the Massachusetts Speech Language Hearing Association,"

Amendment #56

Mr. Basil of Boston moves to amend the bill in Section 123, in line 2396 by striking out the figure "19" and inserting in place thereof the figure "22" and in said section 123 by inserting after the word "carriers" the following: "3 shall be representatives from the following associations representing licensed providers of rehabilitative or habilitative services: "the American Physical Therapy Association of Massachusetts, the Massachusetts Association of Occupational Therapy, and the Massachusetts Society of Prosthetic s and Orthotics,"

Amendment #57

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, by inserting after Section 167 the following two sections:

SECTION 167A. Subsection (a) of section 12 of chapter 176O of the General Laws is hereby amended by adding at the end of the second paragraph the following:-

"and made easily accessible and up-to-date on a carrier or utilization review organization's website to subscribers, health care providers and the general public. If a carrier or utilization review organization intends either to implement a new preauthorization requirement or restriction or amend an existing requirement or restriction, the carrier or utilization review organization shall ensure that the new or amended requirement or restriction shall not be implemented unless the carrier's or utilization review organization's website has been updated to reflect the new or amended requirement or restriction."

SECTION 167B. Section 16 of chapter 176O of the General Laws is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-

"(b) A carrier shall be required to pay for health care services ordered by a treating physician or primary care provider if: (1) the services are a covered benefit under the insured's health benefit plan; and (2) the services are medically necessary. A carrier may develop guidelines to be used in applying the standard of medical necessity, as defined in this subsection. Any such medical necessity guidelines utilized by a carrier in making coverage determinations shall be: (i) developed with input from practicing physicians and participating providers in the carrier's or utilization review organization's service area; (ii) developed under the standards adopted by national accreditation organizations; (iii) updated at least biennially or more often as new treatments, applications and technologies are adopted as generally accepted professional medical practice; and (iv) evidence-based, if practicable. In applying such guidelines, a carrier shall consider the individual health care needs of the insured. Any such medical necessity guidelines criteria shall be applied consistently by a carrier or a utilization review organization and made easily accessible and up-to-date on a carrier or utilization review organization's website to subscribers, health care providers and the general public. If a carrier or utilization review organization intends either to implement a new medical necessity guideline or amend an existing requirement or restriction, the carrier or utilization review organization shall ensure that the new or amended requirement or restriction shall not be implemented unless the

carrier's or utilization review organization's website has been updated to reflect the new or amended requirement or restriction."

Amendment #58

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, in section 63, in line 2154, by inserting after "proprietary in nature" the following: "and is not in the public interest to disclose. Utilization review criteria, medical necessity criteria and protocols must be made available to the public at no charge regardless of proprietary claims."

Amendment #59

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, in section 90, in lines 767 to 770, inclusive, by striking out: "Providers of institutional or community based long term services and supports on a compensated basis shall not function as an independent care coordinator, provided however that the secretary may grant a waiver upon a finding that the public necessity and convenience require such a waiver."

Amendment #60

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, in section 123, in line 2492, by inserting after "centers" the following "and community based behavioral health provider organizations."; and also in line 2630, by inserting after "participation" the following: "whether the grantee serves a high proportion of public payer clients, whether the grantee is eligible to receive Medicare or Medicaid incentive payments under the federal Health Information Technology for Economic and Clinical Health Act"; and also in line 2645, by inserting after "chapter 111", the following: "and to community based behavioral health organizations"; and also in line 2667, by inserting after "chapter 111", the following: "and to community based behavioral health organizations"; and also in line 2695, by inserting after "program", the following: "and shall give priority to loan applicants who serve a high proportion of public payer clients and to applicants who are not eligible to receive Medicare or Medicaid payments under the federal Health Information Technology for Economic and Clinical Health Act."

Amendment #61

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, in section 190, in line 3787, by inserting after "Public Law 110-313," the following: "without regard to the size of the employer or group."

Amendment #62

Representatives Balser of Newton and Malia of Boston move to amend the bill, H4127, by adding the following section:

SECTION XX. Chapter 26 of the General Laws is hereby amended by adding after section 8J the following section:-

Section 8K. The commissioner of insurance is hereby authorized to implement applicable provisions of the federal Mental Health Parity and Addiction Equity Act, as codified in Title XVII the Public Health Service Act, 42 USC Sec. 300gg-26, in regards to any carrier licensed under chapters 175, 176A, 176B and 176G.

Amendment #63

Mr. Walsh of Framingham moves to amend the bill by adding at the end thereof the following new section:-

"SECTION ____. There shall be a commission for health delivery of patient centered care and quality of life which shall include interdisciplinary experts in palliative care, psychosocial care, pain management, hospice, primary care and patient/caregiver advocacy. The Commission shall help develop, implement, and evaluate state policy strategies for ensuring integration quality patient-centered and family-focused care services addressing pain, symptom and distress for seriously and chronically ill people from diagnosis onward to relieve suffering and promote quality of life. The Commission shall consist of 8 members: 1 of whom shall be the Secretary of Health and Human Services who shall serve as Chair; 7 of whom shall be appointed by the Governor, 1 of whom shall be a representative of the American Cancer Society, 1 of whom shall be a representative of the Hospice and Palliative Care Federation of Massachusetts, 1 of whom shall be a representative of the Schwartz Center for Compassionate Health Care, 1 of whom shall be a physician representative of the Massachusetts Medical Society specializing in pain management, 1 of whom shall be a representative of the Massachusetts Hospital Association and 1 of whom shall be a representative of the Massachusetts Nurses Association. Said commission shall report its findings to the Joint Committee on Public Health and the Joint Committee on Health Care Financing by July 31, 2013.

Amendment #64

Mr. Donato of Medford moves to amend the bill at the end thereof, by inserting the following new section:-

SECTION __. Chapter 112 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by striking out section 13 and inserting in place thereof the following new section:-

Section 13. Podiatry as used in this chapter shall mean the diagnosis and treatment of the structures of the human foot and ankle by medical, mechanical, surgical, manipulative and electrical means, including, but not limited to, the treatment of the local manifestation of systemic conditions as they present in the foot and ankle, partial amputation of the foot, and tendon surgery in the foot and ankle, including the Achilles

tendon. The practice of podiatry shall not include the administration of a general anesthetic or amputation of the entire foot. Ankle surgery involving bone shall include, but not exceed, portions of the fibula and tibia that directly relate to the ankle, must be performed in a hospital or surgical center and requires credentialing by that facility and shall require either (a) board certification approved by the American Board of Podiatric Surgery (ABPS); or (b) board certification as deemed appropriate by the Massachusetts Board of Registration in Podiatry; or (c) supervision of a Podiatric physician (D.P.M.) who is board certified by the ABPS who has ankle privileges, until competency is established to achieve credentialing by the facility; or (d) supervision of a board certified Allopathic (M.D.) or Osteopathic (D.O.) physician who has ankle privileges, until competency is established to achieve credentialing by the facility.

This section and sections fourteen to twenty-two, inclusive, shall not apply to surgeons of the United States Army, Navy or the United States Public Health Service, nor to physicians registered in the commonwealth. The term physician and surgeon when used in sections twelve B, twelve G, twenty-three N, and eighty B shall include a podiatrist acting within the limitation imposed by this section.

Amendment #65

Mr. Toomey of Cambridge moves to amend the bill by adding the following section:

"Section XX. Section 12 of said chapter 176O, as so appearing, is hereby amended by striking out subsection (a) and inserting in place thereof the following subsection:-

(a) Utilization review conducted by a carrier or a utilization review organization shall be conducted under a written plan, under the supervision of a physician and staffed by appropriately trained and qualified personnel and shall include a documented process to: (i) review and evaluate its effectiveness; (ii) ensure the consistent application of utilization review criteria; and (iii) ensure the timeliness of utilization review determinations.

A carrier or utilization review organization shall adopt utilization review criteria and conduct all utilization review activities under said criteria. The criteria shall be, to the maximum extent feasible, scientifically derived and evidence-based, and developed with the input of participating physicians, consistent with the development of medical necessity criteria under section 16. Utilization review criteria shall be applied consistently by a carrier or a utilization review organization and made easily accessible and up-to-date on a carrier or utilization review organization's website to subscribers, health care providers and the general public. If a carrier or utilization review organization intends either to implement a new preauthorization requirement or restriction or amend an existing requirement or restriction, the carrier or utilization review organization shall ensure that the new or amended requirement or restriction shall not be implemented unless the carrier's or utilization review organization's website has been updated to reflect the new or amended requirement or restriction.

Adverse determinations rendered by a program of utilization review or other denials of requests for health services, shall be made by a person licensed in the appropriate specialty related to such health service and, if applicable, by a provider in the

same licensure category as the ordering provider.
The disclosure of utilization review criteria required by this section shall not apply to licensed, proprietary criteria purchased by a carrier or utilization review organization. For the purposes of this section, "proprietary criteria" shall be defined as written screening procedures, abstracts, clinical protocols and practice guidelines purchased by a carrier or utilization review entity designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures or settings. Written screening procedures, abstracts, clinical protocols and practice guidelines that carriers and utilization review organizations must make available upon request as part of a national accreditation shall not be considered proprietary for purposes of this section.".

Amendment #66

Representative Scibak of South Hadley moves to amend the bill by adding at the end thereof the following section:

SECTION ____.(a) There shall be a Pharmaceutical Cost Containment commission established to study methods to reduce the cost of prescription drugs for both public and private payers. The commission shall consist of 18 members: 2 of whom shall be the co-chairs of the joint committee on health care financing, 1 of whom shall be the commissioner of the group insurance commission or a designee, 1 of whom shall be the director of the division of insurance or a designee, 1 of whom shall be the director of the state office of pharmacy services or a designee, 1 of whom shall be the secretary of elder affairs or a designee, 1 of whom shall be the director of the Massachusetts medicaid program or a designee, 2 of whom shall be appointed by the president of the senate, 1 of whom shall be appointed by the minority leader of the senate, 2 of whom shall be appointed by the speaker of the house of representatives, 1 of whom shall be appointed by the minority leader of the house of representatives, 2 of whom shall be appointed by the Governor and shall be knowledgeable in the pharmaceuticals industry, bulk purchasing agreements or health care, 1 of whom shall be a representative of the Massachusetts Association of Health Plans, 1 of whom shall be a representative of the Massachusetts Hospital Association, and 1 of whom shall be a representative of Health Care For All. All necessary appointments shall be made within 60 days of the effective date of this act.

(b) The commission shall examine and report on the following: (i) the ability of the commonwealth to enter into bulk purchasing agreements, including agreements that would require the secretary of elder affairs, the commissioner of GIC, the director of the state office of pharmacy services, the commissioners of the departments of public health, mental health, and mental retardation, and any other state agencies involved in the purchase or distribution of prescription pharmaceuticals, to renegotiate current contracts; (ii) aggregate purchasing methodologies designed to lower prescription pharmaceutical costs for state and non-state providers; (iii) the ability of the commonwealth to operate as a single payer prescription pharmaceutical provider; and, (iv) the feasibility of creating a program to provide all citizens access to prescription pharmaceuticals at prices negotiated by the commonwealth.

(c) The commission shall report the results of its findings as well as any recommendations for legislation, programs, and funding to the clerks of the house of representatives and the senate who shall forward copies of the report to the house and senate committees on ways and means and the joint committee on health care financing no later than 12 months after the effective date of this act.

Amendment #67

Representative Scibak of South Hadley moves to amend the bill, in Section 145, by adding in line 3187 after the word "tier" the following sentences, "Every member shall have access to services in the least expensive cost-sharing tier for every service, provided that the commissioner shall promulgate regulations to enforce this requirement.";
and by inserting in Section 146, line 3202, after the word "locations" the following:-
"Prior to implementing smart tiering network plans, the commissioner shall conduct a study on how to best implement smart tiering plans to further these goals. The study shall include consumer focus groups, including non-English speaking and low income residents, to determine how to best inform consumers regarding the selection and use of smart tiering plans.
(k) There shall be a uniform tiering methodology and standards across all carriers in order to allow for a meaningful comparison of cost-sharing between plans. All carriers offering smart tiering plans shall publish the cost and quality criteria for covered services under smart tiering plans.
(l) The consumer guide established by the commissioner pursuant to 211 CMR 152.06(2)(b) shall include information on smart tiering plans.

(m) All promotional materials for smart tiering plans must include a description of quality and cost methods used to establish the tiers, and an explanation of the cost sharing differences in terms understandable to the average consumer. All carriers offering smart tiering plans shall further implement proactive communication mechanisms for consumers, including a consumer hotline with a live person to answer questions regarding cost-sharing, and a dedicated webpage on smart tiering network information that provides access to user-friendly information allowing consumers to compare cost-sharing differences between plans and access a searchable database of tiered services and providers. Health plans shall be required to perform regular member surveys and improve their disclosure contents by reflecting survey results."

Amendment #68

Representative Fennell of Lynn moves to amend H. 4127 by inserting after the word "assistance" in line 1922 the following words:-

"; provided any such interagency agreement with the Department of Revenue shall meet all applicable federal and state privacy and security requirements, including requirements imposed by the Health Insurance Portability and Accountability Act of 1996, P.L.104-191, the American Recovery and Reinvestment Act of 2009, P.L. 111-5, 42 C.F.R.

§§2.11 et seq. and 45 C.F.R. §§160, 162, 164 and 170 and shall not cause patient payment to Department of Revenue through use of protected health information."

Amendment #69

Representative Brodeur of Melrose moves to amend the bill, in Section 124, by striking out in lines 2896-2897 the following the words, "guidelines for ACOs to create internal appeals plans for denial of care" and inserting in place thereof the words, "ACO appeal procedures for adverse determinations that are consistent with the appeal procedures of sections 12 through 14 of chapter 176O";

and by striking out in lines 2898-2899 the words, "the process for second opinions to occur outside of the ACO" and inserting in place thereof the words, "and a process to provide an independent second opinion outside the ACO at no charge to the patient";

and by inserting in Section 172, line 3495,after the words "internal appeals processes" the following words, "that are consistent with the appeal procedures of sections 12 through 14 of chapter 176O";

and by striking in line 3499 the words "for a patient with a terminal illness" and inserting in place thereof the words, "for a patient with an urgent medical need";

and by striking in lines 3499-3500 the words, "external opinion unless it would be impractical for expedited internal appeals" and inserting in place thereof the words, "independent external opinion at no charge to the patient";

and by striking in line 3502, the word "a" and inserting in place thereof the words, "an independent";

and by striking in lines 3503-3504 the sentence, "Provided that any patient who elects to have an independent care coordinator; said care coordinator may act as the patient advocate," and inserting in place thereof the following sentence, "Provided that any patient may elect any person to act as their patient advocate, including an independent care coordinator".

Amendment #70

Rep. Basile of Boston moves to amend the bill (House, No. 4127) in section 136, by inserting after the word "authorization." in line 3039 the following:- (7) The forms shall include personalized medicine diagnostic information including, where relevant, personalized genomic, metabolic, cellular or anatomic data."

Amendment #71

Rep. Basile of Boston moves that the bill be amended in Section 121 in line 2240 by striking the words "ACOs or physician organizations";

And that the bill be further amended by striking the words "ACOs and physician organizations" in line 2258;

And that the bill be further amended by striking the words "ACOs, as defined in section 1, and physician organizations physician organizations as defined in section 53H of chapter 111)" in lines 2271 through 2271;

And that the bill be further amended by striking the words "ACOs and physician organizations" in line 2274;

And that the bill be further amended by striking the words "ACO or physician organization" in line 2278;

And that the bill be further amended by striking the words "ACO and physician organization" in line 2304;

And that the bill be further amended by striking the words "ACO or physician organization" in line 2207;

Amendment #72

Rep. Basile of Boston moves that the bill be amended by striking Section 136 subsection 229 in its entirety (lines 3094 through 3100), and replacing it with the following new section: -

"Section 229. The commissioner shall establish standardized processes and procedures applicable to all health care providers and payers for the determination of a patient's health benefit plan eligibility at or prior to the time of service by July 1, 2013. As part of such processes and procedures, the commissioner shall (i) require payers to implement automated authorization systems such as decision support software in place of telephone authorizations for specific types of services specified by the commissioner and (ii) require establishment of an electronic data exchange to allow providers to determine eligibility at or prior to the point of care.

Any determination as to eligibility at or prior to the time of treatment is not binding on the plan to the extent that new information on lack of eligibility of the patient for coverage at the time of treatment is provided by the employer to the plan between the time of the prior authorization and the time of claim."

And moves that the bill be further amended by striking in subsection 230 in Section 136, in its entirety (lines 3101 through 3110), and replacing it with the following new subsection:-

"Section 230. The commissioner shall establish a Task Force to study ways to improve transparency, comprehension and readability in Explanation of Benefits forms, consistent with the approach taken in the Affordable Care Act (ACA) requirements concerning

health insurance plan summary of benefits and coverage explanations. The task force shall include representatives from the Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts Association of Health Plans, Blue Cross Blue Shield of Massachusetts, a representative from an employer association and a representative from a health care consumer group. The commissioner shall make recommendations and file a report with the Joint Committee on Financial Services by January 1, 2013."

Amendment #73

Rep. Basile of Boston moves that the bill be amended in Section 189 by striking the first paragraph, (lines 37751-3774) and inserting the following new paragraph:-

"Following an evaluation by the office of the attorney general, pursuant to section 11M of Chapter 12 of the General Laws, relating to the need of the commonwealth to obtain waivers from certain provisions of federal law including, from the federal office of the inspector general, a waiver of the provisions or expansion of the "safe harbors" provided for under 42 U.S.C. section 1320a-7b; and a waiver of the provisions of 42 U.S.C. section 1395nn(a) to (e), and upon a determination by the attorney general that such waiver or exemption is necessary, the division of health care cost and quality shall, by August 15, 2012, request from the federal office of the inspector general the following:"

Amendment #74

Mr. Costello of Newburyport moves to amend H.4127 by striking section 188 in its entirety and replacing it with the following section:
"SECTION 188. Nothing in this act shall be construed to preclude an individual from obtaining additional medical expense insurance or paying out of pocket for any medical service not covered by the individual's health plan, provided, however, such insurance may not provide a benefit covering copayments, deductibles, co-insurance or other patient payment responsibility for services that are included in the individual's health plan."

Amendment # 75

Representatives Kafka of Stoughton, Chan of Quincy, Linsky of Natick, Galvin of Canton, Ayers of Quincy, Dykema of Holliston, Barrows of Mansfield, and Poirier of North Attleboro move to amend the bill in Section 121, Section 42 by inserting after subsection (d) in line 1521, the following:
"(e) Establish safeguards against underutilization of services, that ensure the use and the continued advancement of medical technologies, treatments, diagnostics or pharmacology products that offer substantial clinical improvements and represent a higher cost than the use of current therapies and protections against and penalties for inappropriate denials of services or treatment and in connection with utilization of any alternative payment method or transition to a global payment system;"

Amendment #76

Mr. Costello of Newburyport moves to amend H.4127 by inserting after section 143 the following new section:-
"SECTION 143(a). Section 6 of chapter 176J of the General Laws is hereby amended by striking subsection (c), as most recently amended by section 31A of chapter 359 of the acts of 2010, and inserting in place thereof the following subsection:-
(c) Notwithstanding any general or special law to the contrary, the commissioner may require carriers offering small group health insurance plans, including carriers licensed under chapters 175, 176A, 176B or 176G, to file all changes to small group product base rates and to small group rating factors at least 90 days before their proposed effective date. The commissioner shall disapprove any proposed changes to base rates that are excessive, inadequate or unreasonable in relation to the benefits charged. The commissioner shall disapprove any change to small group rating factors that is discriminatory or not actuarially sound. The determination of the commissioner shall be supported by sound actuarial assumptions and methods, which shall be provided in writing to the carrier. Rate filing materials submitted for review by the division shall be deemed confidential and exempt from the definition of public records in clause Twenty-sixth of section 7 of chapter 4. The commissioner shall adopt regulations to carry out this section."

Amendment #77

Mr. Cusack of Braintree moves to amend the bill, H4127, by adding the following new Section:-
Section X. Notwithstanding any general or special law to the contrary, the state Medicaid office is hereby authorized to establish a pilot program with an external service provider to determine the effectiveness of various fraud management tools to identify potential fraud at claims submission and validation in order to reduce Medicaid fraud prior to payment; provided further, that said pilot program shall evaluate current Medicaid spending programs and utilize said fraud management services to determine the efficacy of current practices. The pilot program shall utilize only vendors currently engaged in systemic waste and fraud detection services. Selected vendor(s) shall not use any data provided to them for any other purpose than waste and fraud detection, shall destroy all data after the completion of their evaluation(s) and may not share the results of the data analysis with any outside entities. The executive office of health and human services shall submit 2 reports to the house and senate committees on ways and means detailing recoveries and offsets generated by said audits; provided that the first report shall be delivered no later than February 1, 2014 and that the second report shall be delivered no later than December 31, 2015.

Amendment #78

Ms. Spiliotis of Peabody moves to amend the bill in SECTION 14 by adding after word "government." In line 162, the following:

"The division shall also consult with members of associations representing

health care professionals licensed in the commonwealth and providing prevention and wellness services, including but not limited to the American Physical Therapy Association of Massachusetts, the Massachusetts Association of Occupational Therapy, the Massachusetts Society of Orthotics and Prosthetics, the Massachusetts Dietetic Association and the Massachusetts Speech Language Hearing Association."

Ms. Spiliotis of Peabody further moves to amend the bill in SECTION 101, in line 1316, by adding after the word "Association." the following:

The division shall also consult with members of associations representing health care professionals licensed in the commonwealth and providing prevention and wellness services, including but not limited to the American Physical Therapy Association of Massachusetts, the Massachusetts Association of Occupational Therapy, the Massachusetts Society of Orthotics and Prosthetics, the Massachusetts Dietetic Association and the Massachusetts Speech Language Hearing Association."

Amendment #79

Ms. Spiliotis of Peabody moves to amend the bill in SECTION 123, in line 2645, and in line 2666 by inserting after the "providers" each time it appears, the following: "including but not limited to those" and by striking out in line 2645 and in line 2666 the word "as"; and in said SECTION 123, in line 2668 by adding after the word "requirements." the following: ",provided, further that the executive office shall make said loan funding available to providers of rehabilitative/habilitative services such as physical therapy, occupational therapy and prosthetics and orthotics practitioners."

Amendment #80

Representatives Sullivan of Fall River and Fallon of Malden move to amend the bill (House No. 4127) by inserting in Section 121, subsection 58 in line 2043 after the word "conditions," the following "particularly with respect to the effects of cardiovascular disease, diabetes and/or obesity on patients with serious mental illness"

Amendment #81

Representatives Sullivan of Fall River, Aguiar of Fall River, Pignatelli of Lenox, and Brady of Brockton move that the bill (House No. 4127) be amended in Section 181, line 3727, by inserting after the word "dentist," the following words:

"dental hygienist"

Amendment #82

Representatives Sciortino of Medford and Rushing of Boston move to amend the bill in Section 123, in subsection 15 in line 2615 by adding the following at the end of the subsection: "No patient may be refused care for opting out of the health information exchange, or for withholding their HIV related information from the health information exchange."

Amendment #83

Representatives Fennell of Lynn and DiNatale of Fitchburg move to amend H. 4127 in section 58, in line 2028, by inserting the following:-

"Massachusetts Association for School-Based Health Care."

Amendment #84

Mr. Costello of Newburyport moves to amend H. 4127, in section 66, in line 543, by inserting after the words "primary care services", the following:-
", and (3) such system has been designated as integrated pursuant to regulations which the department, in consultation with the division of insurance, shall adopt. The department shall consider whether a provider system has implemented an interoperable electronic medical record system within the system, implemented quality improvement initiatives with demonstrable results in the quality of care provided, and implemented measures to eliminate unnecessary duplication of services within the system as factors of integration; and provider further, the division of insurance shall conduct a study of the impact of this section on health insurance premium costs. The division shall issue a report on its findings to the senate and house committees on ways and means and the joint committee on health care financing by March 1, 2014."

Amendment #85

Mr. Scibak of South Hadley moves to amend H 4127 by adding at the end thereof the following new outside section:
Section XXX:
SECTION 1. Notwithstanding any general or special law to the contrary, Section 108 of chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1,

2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.
SECTION 2. Notwithstanding any general or special law to the contrary, Section 110 of chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.
SECTION 3. Notwithstanding any general or special law to the contrary, Chapter 176A of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.
SECTION 4. Notwithstanding any general or special law to the contrary, Chapter 176B of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by

adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.
SECTION 5. Notwithstanding any general or special law to the contrary, Chapter 176G of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.
SECTION 6. Notwithstanding any general or special law to the contrary, Chapter 176I of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following section:-
(a) If a carrier provides coverage for prescription drugs, the carrier shall establish an out-of-pocket limit not to exceed $3,500 per year for prescription drugs subject to coinsurance provided under a health plan to the extent not inconsistent with the federal

Affordable Care Act.
A carrier may adjust an out-of-pocket limit, as long as any limit for prescription drugs for coinsurance does not exceed $3,500, to minimize any premium increase that might otherwise result from the requirements of this section.
This section may not be construed to prohibit or limit a carrier's ability to establish specialty tiers for prescription drug coverage, to make determinations of medical necessity or to enforce procedures regarding prior authorization or utilization review in.
For the purposes of this section, the use of the terms "coinsurance" and "out-of-pocket limit" by a carrier must be consistent with the definitions of those terms as prescribed by the Secretary of the United States Department of Health and Human Services pursuant to Section 2715 of the federal Affordable Care Act.
The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2013. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Amendment #86

Mr. Cantwell of Marshfield moves that the bill be amended in Section 162, in subsection (a) of proposed section 2A of chapter 176O of the General Laws, by inserting after the words "board of registration in nursing" the following: ", a representative of the Massachusetts Nurses Association";
And in said section 162, subsection (f) of proposed section 2B of chapter 176O of the General Laws, by inserting after the words "board of registration in nursing" the following: ", a representative of the Massachusetts Nurses Association".

Amendment #87

Representatives Fennell of Lynn and DiNatale of Fitchburg move to amend H. 4127 by inserting in section 97, in line 1142, the following:-

"School-Based Heath Centers, as defined by United States Code (U.S.C.) 1397"

Amendment #88

Mr. Chan of Quincy moves to amend the bill (H. 4127) by inserting the following new section at the end thereof:

SECTION __. Section 3 of chapter 176D, as appearing in the 2010 official edition, is hereby amended by inserting after every occurrence of words "medical service corporation", the following words:- "accountable care organization".

Amendment #89

Mr. Chan of Quincy moves to amend the bill (H. 4127) in Section 12 by inserting at the end thereof the following paragraphs:-

"The Attorney General shall, pursuant to G.L. c. 93A, section 2(c), within 180 days of the enactment of this section, investigate and issue regulations proscribing unfair, deceptive, or anticompetitive conduct within the Commonwealth's healthcare marketplace. Such regulations shall include, at a minimum, the prohibition of anticompetitive contracting practices between and/or among acute care hospitals and insurers, in which the acute care hospital possesses the market power to impose non-transitory increases in rates charged for health care services.

The following shall be unfair methods of competition and unfair or deceptive acts or practices for providers or provider organizations: (i) entering into any agreement to commit or by any concerted action committing any act of boycott, coercion, or intimidation resulting in or tending to result in unreasonable restraint of or monopoly in the delivery of health care services, contracting for payment for health care services, or the business of insurance; (ii) seeking to set the price to be paid by any carrier for network contracts at rates that are excessive, unreasonable, discriminatory, predatory, or would otherwise cause the carrier to violate the requirements of its licensure or accreditation; (iii) engaging in any unfair discrimination between individuals who are similarly covered by network contracts; and (iv) making, publishing, disseminating, circulating, or placing before the public, directly or indirectly, any assertion, representation or statement which is untrue, deceptive or misleading."

Amendment #90

Mr. Winslow of Norfolk moves to amend House Bill 4127 by inserting at the end thereof the following section –

"Section XX. Notwithstanding any general or special law to the contrary, physicians licensed in a state other than Massachusetts shall not be prohibited from providing medical advice, diagnoses, treatments and prescriptions when they communicate with patients through internet-based videoconferences when the physicians are located in the state where they are licensed and the patient is located in Massachusetts at the time of the advice, diagnosis, treatment or prescription. Any such internet-based technology shall include visual and audio notice to patients that the physicians are not licensed in Massachusetts."

Amendment #91

Representative Lawn of Watertown district moves that the bill be amended in Section 121, in proposed Section 58 of Chapter 118G of the General Laws, line 2021 by striking out the number "17" and inserting in place thereof the number "18";

And in said Section 121, in proposed Section 58 of Chapter 118G of the General Laws, line 2032 of said section by inserting after the word "Recovery," the words ", Massachusetts Nurses Association";

Amendment #92

Mr. Winslow of Norfolk moves to amend House Bill 4127 by inserting at the end thereof the following section –

"SECTION 1. Chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after section 111H, the following section:—
Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance solely on the basis that it does not include coverage for at least 1 mandated benefit.
(b) The commissioner shall not approve a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance unless it provides, at a minimum, coverage for:
(1) pregnant women, infants and children as set forth in section 47C;
(2) prenatal care, childbirth and postpartum care as set forth in section 47F;
(3) cytologic screening and mammographic examination as set forth in section 47G;
(3A) diabetes-related services, medications, and supplies as defined in section 47N;
(4) early intervention services as set forth in said section 47C; and
(5) mental health services as set forth in section 47B; provided however, that if the policy limits coverage for outpatient physician office visits, the commissioner shall not disapprove the policy on the basis that coverage for outpatient mental health services is not as extensive as required by said section 47B, if the coverage is at least as extensive as coverage under the policy for outpatient physician services.
(c) The commissioner shall not approve a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance that does not include coverage for at least one mandated benefit unless the carrier continues to offer at least one policy that provides coverage that includes all mandated benefits.
(d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care.
(e) The commissioner may promulgate rules and regulations as are necessary to carry out this section.
(f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a policy of accident and sickness insurance to any employee within 12 months.
SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 1D the following section:
Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a contract between a subscriber and the corporation under an individual or group hospital services plan solely on the basis that it does not include coverage for at least one mandated benefit.
(b) The commissioner shall not approve a contract unless it provides, at a minimum, coverage for:
(1) pregnant women, infants and children as set forth in section 8B;
(2) prenatal care, childbirth and postpartum care as set forth in section 8H;
(3) cytologic screening and mammographic examination as set forth in section 8J;
(3A) diabetes-related services, medications, and supplies as defined in section 8P;

(4) early intervention services as set forth in said section 8B; and
(5) mental health services as set forth in section 8A; provided however, that if the contract limits coverage for outpatient physician office visits, the commissioner shall not disapprove the contract on the basis that coverage for outpatient mental health services is not as extensive as required by said section 8A, as long as such coverage is at least as extensive as coverage under the contract for outpatient physician services.
(c) The commissioner shall not approve a contract that does not include coverage for at least one mandated benefit unless the corporation continues to offer at least one contract that provides coverage that includes all mandated benefits.
(d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care.
(e) The commissioner may promulgate rules and regulations as are necessary to carry out this section.
(f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a hospital services plan, to any employee within 12 months.
Chapter 176B of the General Laws is hereby further amended by inserting after section 6B, the following section:—
Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a subscription certificate solely on the basis that it does not include coverage for at least one mandated benefit.
(b) The commissioner shall not approve a subscription certificate unless it provides, at a minimum, coverage for:
(1) pregnant women, infants and children as set forth in section 4C;
(2) prenatal care, childbirth and postpartum care as set forth in section 4H;
(3) cytologic screening and mammographic examination;
(3A) diabetes-related services, medications and supplies as defined in section 4S;
(4) early intervention services as set forth in said section 4C; and
(5) mental health services as set forth in section 4A; provided however, that if the subscription certificate limits coverage for outpatient physician office visits, the commissioner shall not disapprove the subscription certificate on the basis that coverage for outpatient mental health services is not as extensive as required by said section 4A, as long as such coverage is at least as extensive as coverage under the subscription certificate for outpatient physician services.
(c) The commissioner shall not approve a subscription certificate that does not include coverage for at least 1 mandated benefit unless the corporation continues to offer at least one subscription certificate that provides coverage that includes all mandated benefits.
(d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care.
(e) The commissioner may promulgate rules and regulations as are necessary to carry out this section.
(f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a subscription certificate, to any employee within 12 months.

SECTION 3. Chapter 176G of the General Laws is hereby amended by inserting after Section 16 the following new section:
Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a health maintenance contract solely on the basis that it does not include coverage for at least 1 mandated benefit.
(b) The commissioner shall not approve a health maintenance contract unless it provides coverage for:
(1) pregnant women, infants and children as set forth in section 4;
(2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section 4I;
(3) cytologic screening and mammographic examination as set forth in said section 4;
(3A) diabetes-related services, medications and supplies as defined in section 4H;
(4) early intervention services as set forth in said section 4; and
(5) mental health services as set forth in section 4M; provided however, that if the health maintenance contract limits coverage for outpatient physician office visits pursuant to section 16, the commissioner shall not disapprove the health maintenance contract on the basis that coverage for outpatient mental health services is not as extensive as required by said section 4M as long as such coverage is at least as extensive as coverage under the health maintenance contract for outpatient physician services.
(c) The commissioner shall not approve a health maintenance contract that does not include coverage for at least one mandated benefit unless the health maintenance organization continues to offer at least one health maintenance contract that provides coverage that includes all mandated benefits.
(d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care.
(e) The commissioner may promulgate rules and regulations as are necessary to carry out the provisions of this section.
(f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a health maintenance contract, to any employee within 12 months."

Amendment #93

Mr. Finn of West Springfield moves to amend House No.4127 by inserting after section 144 the following 2 sections:-

"SECTION 144A. The last paragraph of subsection (a) of said section 11 of said chapter 176J, as so appearing, is hereby amended by adding the following sentence:- The commissioner may apply waivers to the 12 per cent requirement under this section to carriers who receive 80 per cent or more of their incomes from government programs or which have service areas which do not include either Suffolk or Middlesex Counties and who were first admitted to do business by the division of insurance on or before January 1, 1988, as health maintenance organizations under chapter 176G.

SECTION 144B. Said last paragraph of said subsection (a) of said section 11 of said chapter 176J, as appearing in section 103 of chapter 359 of the acts of 2010, is hereby amended by adding the following sentence:- The commissioner may apply waivers to the 12 per cent requirement under this section to carriers who receive 80 per cent or more of their incomes from government programs or which have service areas which do not include either Suffolk or Middlesex Counties and who were first admitted to do business by the division of insurance on or before January 1, 1988, as health maintenance organizations under chapter 176G."

Amendment #94

Representatives Brady of Brockton, Creedon of Brockton, Canavan of Brockton and Diehl of Whitman move to amend House 4127 by inserting in Section 124, Chapter 118J subsection (j) after the words "receive these services outside of the ACO," the following – "including, but not limited to, home health services provided by a certified home health agency or visiting nurse association."

Amendment #95

Mr. Lyons of Andover moves to amend House Bill 4127 by inserting at the end thereof the following section: -

"SECTION XXXX. (a) Notwithstanding any general or special law to the contrary, the executive office of administration and finance shall prepare a report on detailing the total amount of the Health Safety Net program that is being used to fund benefits on behalf of each of the following categories: 1) Citizens of the Unites States; 2) Qualified Immigrants; 3) Aliens with Special Status; and 4) Persons who have provided no documentation to fit in the other categories.

(b) Said report shall also separately identify all other costs with respect to the Health Safety Net program, including but not limited to: cost to taxpayers; cost shifting to other payers, agencies or insurers; and cost to hospitals, clinics, and other health-care providers.

(c) In calculating the amounts described in subsections (a) and (b), the executive office of administration and finance shall utilize generally accepted accounting principles encompassing all state spending.

(d) Said report shall be filed with to the chair and ranking minority member of the house committee on ways and means, the chair and ranking minority member of the senate committee on ways and means, and the clerks of the House of Representatives and senate no later than October 15, 2012.".

Amendment #96

Representatives Brady of Brockton, Creedon of Brockton, Canavan of Brockton and Diehl of Whitman move to amend House 4127 by adding at the end thereof the following section:

SECTION XX. Chapter 149 of the General Laws is hereby amended by inserting after section 129D, the following new section:-

Section 129E.

(a) As used in this section, the following words shall have the following meanings:-

"Health care employer", any individual, partnership, association, corporation or, trust or any person or group of persons employing five or more employees.

"Employee", an individual employed by a health care facility; including any hospital, clinic, convalescent or nursing home, charitable home for the aged, community health agency, or other provider of health care services licensed, or subject to licensing by, or operated by the department of public health; any state hospital operated by the department; any facility as defined in section three of chapter one hundred and eleven B; any private, county or municipal facility, department or unit which is licensed or subject to licensing by the department of mental health pursuant to section nineteen of chapter nineteen, or by the department of mental retardation pursuant to section fifteen of chapter nineteen B; any facility as defined in section one of chapter one hundred and twenty-three; the Soldiers' Home in Holyoke, the Soldiers' Home in Chelsea; or any facility as set forth in section one of chapter nineteen or section one of chapter nineteen B.

(b) Each health care employer shall annually perform a risk assessment, in cooperation with the employees of the health care employer and any labor organization or organizations representing the employees, all factors, which may put any of the employees at risk of workplace assaults and homicide. The factors shall include, but not be limited to: working in public settings; guarding or maintaining property or possessions; working in high-crime areas; working late night or early morning hours; working alone or in small numbers; uncontrolled public access to the workplace; working in public areas where people are in crisis; working in areas where a patient or resident may exhibit violent behavior; working in areas with known security problems and working with a staffing pattern insufficient to address foreseeable risk factors.

(c) Based on the findings of the risk assessment, the health care employer shall develop and implement a program to minimize the danger of workplace violence to employees, which shall include appropriate employee training and a system for the ongoing reporting and monitoring of incidents and situations involving violence or the risk of violence. Employee training shall include education regarding reports to the appropriate public safety official(s), body(s) or agency(s) and process necessary for the filing of criminal charges, in addition to all employer program policies. The employer program shall be described in a written violence prevention plan. The plan shall be made available to each employee and provided to an employee upon request and shall be provided to any labor organization or organizations representing any of the employees. The plan shall include: a list of the factors, which may endanger and are present with respect to each employee; a description of the methods that the health care employer will use to alleviate hazards associated with each factor, including, but not limited to, employee training and any

appropriate changes in job design, staffing, security, equipment or facilities; and a description of the reporting and monitoring system.

(d) Each health care employer shall designate a senior manager responsible for the development and support of an in-house crisis response team for employee-victim(s) of workplace violence. Said team shall implement an assaulted staff action program that includes, but is not limited to, group crisis interventions, individual crisis counseling, staff victims support groups, employee victims family crisis intervention, peer-help and professional referrals.

(e) The Commissioner of Labor shall adopt rules and regulations necessary to implement the purposes of this act. The rules and regulations shall include such guidelines as the commissioner deems appropriate regarding workplace violence prevention programs required pursuant to this act, and related reporting and monitoring systems and employee training.

(f) Any health care employer who violates any rule, regulation or requirement made by the department under authority hereof shall be punished by a fine of not more than two thousand dollars for each offense. The department or its representative or any person aggrieved, any interested party or any officer of any labor union or association, whether incorporated or otherwise, may file a written complaint with the district court in the jurisdiction of which the violation occurs and shall promptly notify the attorney general in writing of such complaint. The attorney general, upon determination that there is a violation of any workplace standard relative to the protection of the occupational health and safety of employees or of any standard of requirement of licensure, may order any work site to be closed by way of the issuance of a cease and desist order enforceable in the appropriate courts of the commonwealth.

(g) No employee shall be penalized by a health care employer in any way as a result of such employees filing of a complaint or otherwise providing notice to the department in regard to the occupational health and safety of such employee or their fellow employees exposed to workplace violence risk factors.

Amendment #97

Mr. Lyons of Andover moves to amend House Bill 4127 by inserting at the end thereof the following section: -

"SECTION XXXX. The General Laws are hereby amended by inserting after chapter 117A the following new chapter:--

Chapter 117B

Residency Requirements for Public Benefits

Section 1. Self declaration of residency shall not be accepted as a valid form of residency verification for people seeking taxpayer-funded individual benefits from the Commonwealth of Massachusetts."

Amendment #98

Representative Sannicandro of Ashland moves to amend H. 4127, in section 121, in line 1592, by adding the following two sentences:- The division shall contract with a private entity to perform an evaluation of the effectiveness of patient-centered medical homes. A report of such evaluation shall be submitted to the chairs of the house and senate committees on ways and means and joint committee on health care financing not later than December 31, 2015.

Amendment #99

Representatives Rushing of Boston and Sciortino of Medford move to amend the bill, H4127, in SECTION 123, in lines 2581 - 2583, by striking in its entirety paragraph (1) and inserting in place thereof the following

"(1) establish a mechanism to allow patients to opt in to the health information exchange and to opt out at any time, including a separate written consent, which may be electronic, permitting the disclosure of information pertaining to health conditions associated with the human immunodeficiency virus. Such written consent shall inform patients of their rights under this section and contain a statement in bold notifying patients of their right to revoke such consent at any time. The Department of Public Health shall establish the form and content of such consent, the use of which shall be deemed to comply with Chapter 111 of the General Laws, Section 70F."

and in lines 2589 - 2590, by striking in its entirety paragraph (3) and inserting in place thereof the following

"(3) provide notice to patients that they may, upon request to a provider, obtain a list of individuals and entities that have accessed their identifiable health information."

Amendment #100

Mr. Toomey of Cambridge moves to amend the bill in Section 124 in line 2819 by striking the words "and (j) Contract with providers for any other medically necessary, but unavailable within the ACO, services or provide the patient with the ability to receive such services outside of the ACO." and inserting in place thereof the words
"(j) Contract with providers for any other medically necessary, but unavailable within the ACO, services or provide the patient with the ability to receive such services outside of the ACO; and
(k) Ensure patient access to health care services, including breakthrough technologies and human therapeutic treatments."

Amendment #101

Mr. Nangle of Lowell moves that the bill be amended in Section 124 in lines 2891 through 2895 by striking Section 12 and inserting the following new section:-

"Section 12. The commissioner shall monitor the functions of licensed ACOs and shall require licensure under M.G.L. Chapter 176G of any ACO or other health care provider that enters into direct-contracting arrangements with individuals, employers or other groups that result in the assumption of all or part of the risk for health care expenses."

Amendment #102

Mr. Walsh of Lynn moves to amend the bill, H4127, in section 4, line 14 by striking out the figure "65" and inserting in place thereof the following figure:- "63";

Further moves to amend in section 11, line 52 by striking out the words "health care cost growth" and inserting in place thereof the following words:- "medical spend";

Further moves to amend in section 12, line 133 by striking out the word "car" and inserting in place thereof the following word:- "care";

Further moves to amend in section 17, line 178 by striking out the figure "62" and inserting in place thereof the following figure:- "60";

Further moves to amend in section 17, line 189 by striking out the figure "64" and inserting in place thereof the following figure:- "61";

Further moves to amend in section 17, line 195 by striking out the figure "62" and inserting in place thereof the following figure:- "60";

Further moves to amend in section 20, line 233 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 20, line 243 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 21, line 250 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 21, line 262 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 97, line 902 by striking out the word "phyisician" and inserting in place thereof the following word:- "physician";

Further moves to amend in section 97, line 1096 by inserting before the word "supervises" the following word:- "who";

Further moves to amend in section 98, line 1201 by striking out the word "provider" and inserting in place thereof the following word:- "physician";

Further moves to amend in section 101, line 1297 by striking out the figure "59" and inserting in place thereof the following figure:- "57";

Further moves to amend in section 120, line 1430 by striking out the words "acute hospital's" and inserting in place thereof the following words:- "acute hospital or ambulatory surgical center's";

Further moves to amend in section 120, in line 1431 by inserting after the words "acute hospitals" the following words:- "and ambulatory surgical centers";

Further moves to amend in section 120, line 1477 by inserting in each instance after the word "hospital" the following words:- ", ambulatory surgical center";

Further moves to amend in section 120, line 1489 by inserting after the word "hospital" the following word:- ", ambulatory surgical center";

Further moves to amend in section 120, line 1498 by inserting in each instance after the word "hospital" the following words:- ", ambulatory surgical center";

Further moves to amend in section 121, line 1541 by striking out the word "shall" and inserting in place thereof the following word:- "may";

Further moves to amend in section 121, line 1545 by striking out the words "Providers and payers" and inserting in place thereof the following:- "Payers";

Further moves to amend in section 121, line 1548 by striking out the words "providers or";

Further moves to amend in section 121, line 1592 by striking out the figure "68" and inserting in place thereof the following figure:- "65";

Further moves to amend in section 121, line 1624 by inserting after the word "potential" the following word:- "gross";

Further moves to amend in section 121, line 1636 by inserting after the words "subsection (a)" the following words:- "for each region";

Further moves to amend in section 121, line 1646 by striking out in the 2nd instance the word "the" and inserting in place thereof the following word:- "a";

Further moves to amend in section 121, line 1675 by striking out the word "provider" and inserting in place thereof the following words:- "clinic, hospital, ambulatory surgical center";

Further moves to amend in section 121, line 1790 by inserting after the word "care" the following word:- "services";

Further moves to amend in section 121, line 1792 by deleting the word “heatlh” and inserting in place thereof the following word:- “health”;

Further moves to amend in section 121, line 1981 by striking out the word “showing” and inserting in place thereof the following word:- “show”;

Further moves to amend in section 121, line 2046 by striking out the word “report”;

Further moves to amend in section 121, line 2054 by inserting before the word “nurse” the following word:- “and”;

Further moves to amend in section 121, line 2068 by striking out the figure “59” and inserting in place thereof the following figure:- “60”;

Further moves to amend in section 121, line 2096 by striking out the figure “58” and inserting in place thereof the following figure:- “59”;

Further moves to amend in section 121, line 2183 by striking out the word “ACOs” and inserting in place thereof the following word:- “ACO”;

Further moves to amend in section 121, line 2211 by striking out the figure “6” and inserting in place thereof the following figure:- “7”;

Further moves to amend in section 124, line 2738 by striking out the figure “65” and inserting in place thereof the following figure:- “63”;

Further moves to amend in section 124, line 2892 by striking out the word “their” and inserting in place thereof the following word:- “its”;

Further moves to amend in section 124, line 2908 by striking out the figure “50” and inserting in place thereof the following figure:- “51”;

Further moves to amend in section 135, line 3040 by striking out the figure “50” and inserting in place thereof the following figure:- “51”;

Further moves to amend in section 135, line 3046 by striking out the word “alertinglalerting” and inserting in place thereof the following word:- “alerting”;

Further moves to amend in section 135, line 3051 by striking out the figure “50” and inserting in place thereof the following figure:- “51”;

Further moves to amend in section 136, line 3062 by striking out the figure “50” and inserting in place thereof the following figure:- “51”;

Further moves to amend in section 139, line 3119 by striking out the figure “50” and inserting in place thereof the following figure:- “51”;

Further moves to amend in section 139, line 3126 by striking out the word "alertingalerting" and inserting in place thereof the following word:- "alerting";

Further moves to amend in section 139, line 3130 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 140, line 3137 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 140, line 3143 by striking out the word "alertingalerting" and inserting in place thereof the following word:- "alerting";

Further moves to amend in section 140, line 3148 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 141, line 3155 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 141, line 3162 by striking out the word "alertingalerting" and inserting in place thereof the following word:- "alerting";

Further moves to amend in section 141, line 3166 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 150, line 3214 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 150, line 3220 by striking out the word "alertingalerting" and inserting in place thereof the following word:- "alerting";

Further moves to amend in section 150, line 3224 by striking out the figure "50" and inserting in place thereof the following figure:- "51";

Further moves to amend in section 157, line 3268 by striking out the figure "65" and inserting in place thereof the following figure:- "63";

Further moves to amend in section 161, line 3287 by striking out the figure "65" and inserting in place thereof the following figure:- "63";

Further moves to amend in section 165, line 3395 by striking out the figure "65" and inserting in place thereof the following figure:- "63";

And further moves to amend in section 168, line 3407 by striking out the figure "65" and inserting in place thereof the following figure:- "63".

Amendment #103

Representative Hunt of Sandwich moves to amend House 4127 by adding at the end of SECTION 121, Section 43 (b) the following:

And provided further that 60 days before the Executive Office of Health and Human Services shall seek said federal waiver, the Joint Committees on Health Care Finance, Elder Affairs, Public Health and the House and Senate Committees on Ways and Means shall have a hearing on the potential impacts on the elderly citizens of the Commonwealth from participating in these alternative payment methodologies, integrated care organizations, alternative care organizations, patient centered medical homes, being attributed to primary care physicians and any other facets of the newly designed health care system.

Amendment #104

Representatives Golden of Lowell and Walsh of Boston move to amend the bill in SECTION 98 Section 2(e) by removing the words "or any other employees" in line 1230.

Amendment #105

Mr. Golden of Lowell moves to amend the bill by striking out section 66 in its entirety.

Amendment #106

Representative Hunt of Sandwich moves to amend H 4127 by adding after the word year in line 1660 the following: And provided further that for the purpose of analyzing the cost growth of individual health care entities within the regions, the costs associated with implementing the health information technology and e-health medical records provisions of this act shall not be considered and provided further that the costs associated with capital investments greater than $1,000,000 that are deemed necessary by the provider to enhance the quality of health care in the region shall not be considered and provided further that any assessments required to pay for the provisions of this act shall not be considered.

Amendment #107

Representatives Diehl of Whitman and Webster of Pembroke moves to amend House Bill 4127 by inserting, in line 2433, after the words "and manage the affairs of the institute.", the following: "The director of the institute shall not have been employed previously by any medical device manufacturer.".

Amendment #108

Representatives Diehl of Whitman and Webster of Pembroke moves to amend House Bill 4127 by striking section 54.

Amendment #109

Mr. Honan of Boston moves that the bill be amended in Section in SECTION 121, by striking lines 1630-1634 and inserting in place thereof the following: (2) The division shall calculate the modified potential gross state product growth rate by taking the rate as defined by the secretary under paragraph (1) and making the following adjustments: (A) Calendar Year 2012-2016: plus 1% (B) Calendar Years 2017-2027: No modification "(C) Calendar Years 2028 and beyond plus 1%; and in line 1661, by striking the number "2016" and inserting in place thereof the number "2017"; and in line 1666, by striking the number "2016" and inserting in place thereof the number "2017"; and in line 1680, by inserting after the word "division." the following: "For those health care entities that are payers, the division shall also determine if the payer's net cost of private health insurance is materially in excess of the modified potential gross state product growth rate."

Amendment #110

Mr. Honan of Boston moves that the bill be amended in SECTION 97,by striking the definition of "Medical spend", in lines 1049-1051 and inserting place thereof the following new definition: "Medical spend," the annual per capita sum of all health care expenditures in the commonwealth from public and private sources, and shall include : (i) allowed claims for all categories of medical spending including but not limited to pharmaceuticals, long term care costs and medical devices, (ii) all patient cost-sharing amounts such as deductibles and copayments (iii) all non-claims related payments to health care providers, adjusted by health status, and (iv) the net cost of private health insurance.

Amendment #111

Rep. Dwyer of Woburn moves to amend the bill in section 123, in line 2713, by inserting after the word "angiography" the following:- "and nuclear medicine, including"; and by striking in line 2714 the words:- "cardiac imaging, ultrasound diagnostic imaging,".

Amendment #112

Mr. Kane of Holyoke moves to amend the bill (H.4127) by striking lines 1426-1448 in their entirety; and in line 1467, by striking the words "an acute hospital, an ambulatory surgical center, or"; and by striking lines 1470-1473 in their entirety; and in lines 1476-1477 by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1477, by striking the words "if an acute hospital or" and inserting in place thereof the word "a"; and in line 1484, by striking the words "acute hospital or"; and in line 1485, by striking the words "acute hospital or"; and in line 1489, by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1492, by striking the words "acute hospital or"; and in line 1496, by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1498, by striking the words "acute hospital or"; and in lines 1498-1499, by striking the words "an

acute hospital or" and inserting in place thereof the word "a"; and by striking lines 1505-1506 in their entirety; and by striking lines 1881-1909 in their entirety.

Amendment #113

Representative Mark of Peru moves to amend House bill 4127 in Section 56, in line 1944, by striking out the words, "2 weeks" and inserting in place thereof "4 weeks"; and in line 1945, by inserting after the figure "$1,000" the words, "for payers and $200 for providers".

Amendment #114

Representatives Mark of Peru and Brodeur of Melrose move to amend House bill 4127 in Section 45, in subsection (3), in line 1562, by striking out the words, "scientifically based health care", and inserting in place thereof the words, "evidence based healthcare based on the most recently published peer reviewed literature, professional consensus, or best practices,".

Amendment #115

Representatives Mark of Peru and Brodeur of Melrose move to amend House bill 4127 in Section 45, in subsection (2), in line 1559, by inserting after the words, "not limited to," the words, "Chiropractic Physician,".

Amendment #116

Ms. Spiliotis of Peabody moves to amend H.4127 in SECTION 121, in line 2248, by inserting after the words "This amount shall be equal to" the following: "50 per cent of"; and in line 2255, by inserting after the number "29" the following: ". Estimated and actual expenses of the Massachusetts E-Health Institute and the health information technology council, as defined in chapter 118I, shall not be included in the net amount."

Amendment #117

Representatives Galvin of Canton and Kafka of Stoughton move to amend H.4127 in SECTION 120, section 40(a) in line 1148, by adding at the end thereof the following: "Provided further that an ambulatory surgery center with less than $50,000,000 in total net assets or more than the average state wide percentage of Distressed Hospital Funds revenue that are used for ambulatory surgery centers reimbursement shall be exempt from this section."

Amendment #118

Mr. Linsky of Natick moves to amend House Bill 4127 in Section 98, in lines 1195-1209 by striking out the figure "9" and inserting in place thereof the figure "10", and striking out the words "2 members appointed by the governor" and inserting in place thereof "3

members appointed by the governor" and inserting after the words "primary care provider licensed to practice in the commonwealth" the words " 1 of whom shall be an expert in women's health". And be further amended in Section 121 in, lines 2205-2217, by striking out the figure "6" and inserting in place thereof the figure "7", and inserting after the words "1 representative from a health care consumer group" the words " 1 representative who is an expert in women's health".

Amendment #119

Representatives Nangle of Lowell, DiNatale of Fitchburg, Fennell of Lynn, Golden of Lowell, Murphy of Lowell, and Reinstein of Revere move to amend the bill in section 97 by inserting after the word, "surgical', in line 967, the word, "chiropractic care".

Amendment #120

Mr. Finn of West Springfield and Mr. Kane of Holyoke moves to amend the bill (H.4127) in Section 121, in line 2248, by inserting after the words "This amount shall be equal to" the following: "50 per cent of"; and in line 2255, by inserting after the number "29" the following: ". Estimated and actual expenses of the Massachusetts E-Health Institute and the health information technology council, as defined in chapter 118I, shall not be included in the net amount."

Amendment #121

Mr. Finn of West Springfield and Mr. Kane of Holyoke moves that the bill be amended in Section in SECTION 121, by striking lines 1630-1634 and inserting in place thereof the following: (2) The division shall calculate the modified potential gross state product growth rate by taking the rate as defined by the secretary under paragraph (1) and making the following adjustments: (A) Calendar Year 2012-2016: plus 1% (B) Calendar Years 2017-2027: No modification "(C) Calendar Years 2028 and beyond plus 1%; and in line 1661, by striking the number "2016" and inserting in place thereof the number "2017"; and in line 1666, by striking the number "2016" and inserting in place thereof the number "2017"; and in line 1680, by inserting after the word "division." the following: "For those health care entities that are payers, the division shall also determine if the payer's net cost of private health insurance is materially in excess of the modified potential gross state product growth rate."

Amendment #122

Mr. Finn of West Springfield and Mr. Kane of Holyoke moves to amend the bill (H.4127) in section 98, by striking subsection (b) in lines 1195-1209 and inserting in place thereof the following new subsection:
(b) There shall be a board, with duties and powers established by this chapter, which shall govern the division. The board shall consist of 12 members: the secretary of administration and finance, ex officio; the secretary of health and human services, ex officio; the commissioner of the division of insurance, ex officio; 9 members appointed

by the governor, provided that each organization named herein shall provide the governor with three names from which to select an appointee, and the governor shall select a nominee from the list of names provided; including 1 independent expert in payment methodologies, 1 representative of the Massachusetts Association of Health Plans, 1 representative of the Blue Cross Blue Shield of Massachusetts,1 representative of the Massachusetts Hospital Association, 1 representative of the Massachusetts Medical Society, 1 representative of a fully insured employer, 1 representative of a self insured employer, 1 consumer representative, and 1 labor union representative. The chairperson shall be selected by majority vote, provided however, for the first 30 days the governor shall designate an interim chairperson. The chairperson shall serve for a term of one year and is not permitted to serve consecutive terms. The board shall annually elect 1 of its members to serve as vice-chairperson. All board appointments shall serve a term of 3 years, but a person appointed to fill a vacancy shall serve only for the unexpired term. An appointed member of the board shall be eligible for reappointment. Each member of the board serving ex officio may appoint a designee under section 6A of chapter 30.
and in lines 1255 by striking the following "(e) The chairperson shall appoint an executive director." and inserting in place thereof the following:"(e) The chairperson shall nominate an executive director. Such nomination shall be subject to confirmation by the board."

Amendment #123

Mr. Finn of West Springfield and Mr. Kane of Holyoke moves to amend the bill (H.4127) by inserting the following new section:- Section XX. Notwithstanding any general or special law to the contrary, there shall be established and set up on the books of the commonwealth as a separate fund to be known as the Medicaid and Health Care Reform FMAP Trust Fund. The fund shall consist of any funds that may be appropriated or transferred for deposit into the trust fund, interest earned on such revenues, and other sources. The comptroller shall deposit an amount to the fund determined by secretary of administration and finance that is equivalent to the additional funding provided by the federal government pursuant to the increased federal Medicaid assistance percentage pursuant to the Patient Protection and Affordable Care Act of 2010 and Section 1201 of the Health Care and Education Reconciliation Act of 2010. The fund shall be used for the following purposes: (1) to support the financing of health insurance coverage for low-income Massachusetts residents, including state health insurance programs and insurance offered through the commonwealth's health insurance exchange and (2) to improve Medicaid reimbursement to health care providers. The secretary of administration and finance shall administer the fund. No later than January 31 of each year, the secretary, in consultation with the executive office of health and human services, the commonwealth health insurance connector authority, healthcare providers participating in the Medicaid program, and consumer representatives, shall submit a report to the house and senate ways and means committees and the joint committee on health care financing that includes the current funding available in the fund, the funding estimated to be deposited through the end of the current and subsequent fiscal year, estimated expenditures from the fund, and recommendations for transferring such funds to other state accounts and funds in a manner consistent with the purpose of the fund.

Amendment #124

Mr. Finn of West Springfield and Mr. Kane of Holyoke moves that the bill be amended in SECTION 97,by striking the definition of "Medical spend", in lines 1049-1051 and inserting place thereof the following new definition: "Medical spend," the annual per capita sum of all health care expenditures in the commonwealth from public and private sources, and shall include : (i) allowed claims for all categories of medical spending including but not limited to pharmaceuticals, long term care costs and medical devices, (ii) all patient cost-sharing amounts such as deductibles and copayments (iii) all non-claims related payments to health care providers, adjusted by health status, and (iv) the net cost of private health insurance.

Amendment #125

Representative Fox of Boston moves to amend the bill, in section 121, by striking out in line 1561 the word "; and" and inserting in place thereof the following: "."; and by inserting, in line 1565, the following paragraphs: "(4) Emphasize, enhance, and encourage the use of primary care, including prevention, wellness and care coordination. "(5) Encourage patient-centered care, including active participation by the patient and family or legal guardian in decision making and care plan development. "(6) Provide patients with a consistent, ongoing contact with a provider or team of providers to ensure continuous and appropriate care for the patient's condition. "(7) Emphasize a multi-disciplinary team-based approach to care. "(8) Ensure care coordination across settings, including referral and transition management, with case manager follow up. "(9) Ensure that patient-centered medical homes develop and maintain appropriate comprehensive care plans for their patients with complex or chronic conditions, including group visits, chronic disease self-management programs and an assessment of health risks and chronic conditions. "(10) Promote the integration of mental health and behavioral health services with primary care services including, but not limited to, the establishment of a behavioral health medical home; recovery coaching and peer support, and services provided by peer support workers, certified peer specialists and licensed alcohol and drug counselors. "(11) Improve access to health care services and quality of care for vulnerable populations including, but not limited to, children, the elderly, low-income individuals, individuals with disabilities, individuals with chronic illnesses and racial and ethnic minorities, including demonstrating an ability to provide culturally and linguistically appropriate care, patient education and outreach provided by community health workers."; and by inserting in Section 124, in line 2814, after the word "management" the following words: ", including group visits and chronic disease self-management programs,"; and by inserting in line 2817, after the word "agreement" the following: ", including but not limited to, recovery coaching and peer support, and services provided by peer support workers, certified peer specialists and licensed alcohol and drug counselors"; and by striking out, in lines 2818 to 2819, subparagraph (i), in inserting in place thereof the following subparagraph:- (i) promote patient-centeredness by, including, but not limited to, establishing mechanisms to conduct patient outreach and education on the necessity and benefits of care coordination, including group visits and chronic disease self-management programs; demonstrating an ability to engage patients in shared decision

making taking into account patient preferences; demonstrating an ability to effectively involve patients in care transitions to improve the continuity and quality of care across settings, with case manager follow up; demonstrating an ability to engage and activate patients at home, through methods such as home visits or telemedicine, to improve self-management; and establishing mechanisms to evaluate patient satisfaction with the access and quality of their care; and by adding in line 2820 after the letter "(j)" the following words: "the ability to improve access to health care services and quality of care for vulnerable populations including, but not limited to, children, the elderly, low-income individuals, individuals with disabilities, individuals with chronic illnesses and racial and ethnic minorities, including demonstrating an ability to provide culturally and linguistically appropriate care, patient education and outreach provided by community health workers.

Amendment #126

Mr. Pignatelli of Lenox moves to amend the bill in section 98, by striking subsection (b) in lines 1195-1209 and inserting in place thereof the following new subsection: (b) There shall be a board, with duties and powers established by this chapter, which shall govern the division. The board shall consist of 12 members: the secretary of administration and finance, ex officio; the secretary of health and human services, ex officio; the commissioner of the division of insurance, ex officio; 9 members appointed by the governor, provided that each organization named herein shall provide the governor with three names from which to select an appointee, and the governor shall select a nominee from the list of names provided; including 1 independent expert in payment methodologies, 1 representative of the Massachusetts Association of Health Plans, 1 representative of the Blue Cross Blue Shield of Massachusetts,1 representative of the Massachusetts Hospital Association, 1 representative of the Massachusetts Medical Society, 1 representative of a fully insured employer, 1 representative of a self insured employer, 1 consumer representative, and 1 labor union representative. The chairperson shall be selected by majority vote, provided however, for the first 30 days the governor shall designate an interim chairperson. The chairperson shall serve for a term of one year and is not permitted to serve consecutive terms. The board shall annually elect 1 of its members to serve as vice-chairperson. All board appointments shall serve a term of 3 years, but a person appointed to fill a vacancy shall serve only for the unexpired term. An appointed member of the board shall be eligible for reappointment. Each member of the board serving ex officio may appoint a designee under section 6A of chapter 30. and in lines 1255 by striking the following "(e) The chairperson shall appoint an executive director." and inserting in place thereof the following:"(e) The chairperson shall nominate an executive director. Such nomination shall be subject to confirmation by the board."

Amendment #127

Representative Walsh of Boston moves to amend the bill in subsection 6 of Section 124 by adding at the end thereof a new item "k": K. In communities within the service area of the ACO that have more than 150,000 residents, the ability to contract with municipal public health departments for the provision of preventive, population, or wellness

services to enrolled individuals in a manner that will improve the delivery of preventive health services at reduced costs.

Amendment #128

Representative Walsh of Boston moves to amend the bill in section xx by inserting the following at the end thereof:- SECTION 1. Section 22 of Chapter 32A of the General Laws is hereby amended by striking out the last paragraph, inserted by section 1 of chapter 80 of the acts of 2000, and inserting in place thereof the following paragraph:— For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist, or a licensed alcohol and drug counselor I. SECTION 2. Section 47B of Chapter 175 of the General Laws is hereby amended by striking out the next to last paragraph, inserted by section 2 of chapter 80 of the acts of 2000, and inserting in place thereof the following paragraph:— For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist, or a licensed alcohol and drug counselor I. SECTION 3. Section 8A of Chapter 176A of the General Laws is hereby amended by striking out the next to last paragraph, inserted by section 4 of chapter 80 of the acts of 2000, and inserting in place thereof the following paragraph:— For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist, or a licensed alcohol and drug counselor I. SECTION 4. Section 4A of Chapter 176B of the General Laws is hereby amended by striking out the next to the last paragraph, inserted by section 6 of chapter 80 of the acts of 2000, and inserting in place thereof the following paragraph:— For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist, or a licensed alcohol and drug counselor I. SECTION 5. Section 4M of Chapter 176G of the General Laws is hereby amended by striking out the next to last paragraph, inserted by section 10 of chapter 80 to the acts of 2000, and inserting in place thereof the following paragraph:— For the purposes of this section, "licensed mental health professional" shall mean a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a licensed nurse mental health clinical specialist, or a licensed alcohol and drug counselor I.

Amendment #129

Representative Walsh of Boston moves to amend the bill in section XX by inserting the following section: "SECTION___ There is hereby established and set up on the books of

the commonwealth a separate fund to be known as the Community Health Center Infrastructure Capacity Building Trust Fund, which shall be administered by the division of health care cost and quality. Expenditures from the Community Health Center Infrastructure Capacity Building Trust Fund shall be dedicated to efforts to improve and enhance the ability of community health centers to serve populations in need more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support and care coordination services, improve health information technology, or other efforts to create effective coordination of care. The division, in consultation with the Massachusetts League of Community Health Centers, shall develop a competitive grant process for awards to be distributed to distressed community health centers out of said fund. The grant process shall consider the following factors, including but not be limited to (1) payer mix, (2) financial health, (3) geographic need, and (4) population need." "Section___The Secretary of the Executive Office of Health and Human Services shall transfer $30,000,000 received under the current Medicaid Waiver, granted under section 1115 of Title XI of the Social Security Act, intended for innovation and infrastructure capacity building to the Community Health Center Infrastructure Capacity Building Trust Fund, established under section _____."

Amendment #130

Representative Walsh of Boston moves to amend the bill in Section 121 by adding the following language after "pilot programs" at line 2072: ",including incentive grant programs to support cooperative efforts between representatives of employees and management that are focused on controlling costs and improving the quality of care through workforce engagement,"

Amendment #131

Representative Walsh of Boston moves to amend the bill in section xx by inserting the following at the end thereof:- "Section XX. Sections 37 and 39 shall take effect on January 1, 2013."

Amendment #132

Mr. Finn moves to amend the bill (H.4127) by striking lines 1426-1448 in their entirety; and in line 1467, by striking the words "an acute hospital, an ambulatory surgical center, or"; and by striking lines 1470-1473 in their entirety; and in lines 1476-1477 by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1477, by striking the words "if an acute hospital or" and inserting in place thereof the word "a"; and in line 1484, by striking the words "acute hospital or"; and in line 1485, by striking the words "acute hospital or"; and in line 1489, by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1492, by striking the words "acute hospital or"; and in line 1496, by striking the words "an acute hospital or" and inserting in place thereof the word "a"; and in line 1498, by striking the words "acute hospital or"; and in lines 1498-1499, by striking the words "an acute hospital or" and

inserting in place thereof the word “a”; and by striking lines 1505-1506 in their entirety; and by striking lines 1881-1909 in their entirety.

Amendment #133

Mr. Walsh of Boston moves to amend the bill in line item4000-0300 by adding the following language:- “ provided further that the executive office shall pay an overall reimbursement rate for all primary and ancillary services received on the same day by a MassHealth or a Commonwealth Care patient at a federally qualified health center in the Southern Section of the City of Boston operating under the license of a disproportionate share teaching hospital in Suffolk County by having an above or add-on incentive rate that is case based and encompasses multiple encounters in a single day.”

Amendment #134

Mr. Cusack of Braintree moves that the bill be amended in Section 121, subsection 65 in line 2211 by striking the number “6” and replacing it with the number “7” and further moves that the bill be amended in the same section by striking lines 2233 through 2235 in their entirety.

Amendment #135

Mr. Walsh of Boston moves that the bill be amended in line item 4000-0300 by adding the following language:- “provided further that the executive office shall make a supplemental payment to the fiscal year 2012 PAPE rate paid to federal qualified health centers in the Southern Section of the City of Boston operating under the license of a disproportionate share teaching hospital in Suffolk County to pay an overall reimbursement rate not less than the Medicaid rate paid to independent federally qualified health centers.”

Amendment #136

Representatives Bradley of Hingham, Reinstein of Revere, and Galvin of Canton move to amend H.4127 in section 121 by inserting after the word, “physician assistants” in line 1560, the word, “, chiropractors” and further in section 121 by inserting after the word, “hospitals,” in line 1568, the word, “chiropractors,” and further in section 124 by inserting after the word, “physician assistant,” in line 2801, the word, “chiropractor,”.

Amendment #137

Representative Golden of Lowell moves to amend the bill in SECTION 55 Section 25E1/2(b) by striking "3" in line 459 and replacing with "5" and adding after the words "and at least 1 shall have experience in health care market planning and service line analysis" in line 461 the words "and 2 of whom shall be members of labor organizations selected from a list of 3 names submitted by the President of the Massachusetts AFL-CIO."

Amendment #138

Representative Khan of Newton moves to amend H.4127 by deleting SECTION 90 in its entirety and inserting in place thereof the following:- SECTION 90. Chapter 118E of the General Laws is hereby amended by inserting after section 9E the following section:- Section 9F. (a) As used in this section, the following words shall have the following meanings:- "Dual eligible", or "dually eligible person", any person age 21 or older and under age 65 who is enrolled in both Medicare and MassHealth. "Integrated care organization" or "ICO", a comprehensive network of medical, health care and long term services and supports providers that integrates all components of care, either directly or through subcontracts and has been contracted with by the Executive Office of Health and Human Services and designated an ICO to provide services to dually eligible individuals pursuant to this section. (b) Members of the MassHealth dual eligible pilot program on ICOs or any successor program integrating care for dual eligible persons shall be provided an independent community care coordinator by the ICO or successor organization, who shall be a participant in the member's care team. The community care coordinator shall assist in the development of a long term support and services care plan. The community care coordinator shall: (1) participate in initial and ongoing assessments of the health and functional status of the member, including determining appropriateness for long term care support and services, either in the form of institutional or community-based care plans and related service packages necessary to improve or maintain enrollee health and functional status; (2) arrange and, with the agreement of the member and the care team, coordinate the provision of appropriate institutional and community long term supports and services, including assistance with the activities of daily living and instrumental activities of daily living, housing, home-delivered meals, transportation, and under specific conditions or circumstances established by the ICO or successor organization, authorize a range and amount of community-based services; and (3) monitor the appropriate provision and functional outcomes of community long term care services, according to the service plan as deemed appropriate by the member and the care team; and track member satisfaction and the appropriate provision and functional outcomes of community long term care services, according to the service plan as deemed appropriate by the member and the care team. (c) The ICO or successor organization shall not have a direct or indirect financial ownership interest in an entity that serves as an independent care coordinator. Providers of institutional or community based long term services and supports on a compensated basis shall not function as an independent care coordinator, provided however that the secretary may grant a waiver of this restriction upon a finding that public necessity and convenience require such a waiver. For the purposes of this section, an organization compensated to provide only evaluation, assessment, coordination, skills training, peer supports and fiscal intermediary services shall not be considered a provider of long term services and supports.

Amendment #139

Mr. Sannicandro of Ashland moves to amend the bill in SECTION 101, in line 1301, after the words "employer-sponsored health benefit plans in the commonwealth" the following words- "including, but not limited to, access to: preventive and primary care services; emergency services; hospitalization services; ambulatory patient services; mental health and behavioral health services; access to specialty care units, including, but are not limited to, burn, coronary care, cancer care, neonatal care, post-obstetric and post operative recovery care, pulmonary care, renal dialysis and surgical, including trauma and intensive care units; pediatric services; diagnostic imaging and screening services; maternity and newborn care services; radiation therapy and treatment services; skilled nursing facilities; family planning services; obstetrics and gynecology services; home health services; treatment and prevention services for alcohol and other drug abuse; breakthrough technologies and treatments; and allied health services including, but not limited to, advance practice nurses, optometric care, direct access to chiropractic services, occupational therapists, dental care, physical therapy and midwifery services;"

Amendment #140

Representatives Linsky of Natick, Puppulo of Springfield, Cariddi of North Adams, Kane of Holyoke, and Golden of Lowell move that the bill (H.4127) be amended by inserting at the end thereof the following new section: SECTION XX. Chapter 111 of the General Laws is hereby amended by adding the following section:- Section 225. (a) For purposes of this section, the following terms shall have the following meanings: "Health care practitioner", any person licensed or registered under section 2, 16, 74 or 74A of chapter 112 , including any intern, resident, fellow or medical officer who conducts or assists with the performance of surgery. "Operating room circulator", a licensed registered nurse who is educated, trained and experienced in perioperative nursing and who is immediately available to physically intervene in providing care to the surgical patient. "Surgical facility", any organization, partnership, association, corporation, trust, the commonwealth, or any subdivision thereof, or any person or group of persons that provides surgical health care services, whether inpatient or outpatient and whether overnight or ambulatory including, but not limited to, any hospital, clinic or private office of a health care practitioner, whether conducted for charity or for profit and whether or not subject to section 25C. "Surgical technologist", any person who provides surgical technology services but is not a health care practitioner. "Surgical technology", surgical patient care including, but not limited to, 1 or more of the following: (i) collaboration with an operating room circulator prior to a surgical procedure to carry out the plan of care by preparing the operating room, gathering and preparing sterile supplies, instruments and equipment, preparing and maintaining the sterile field using sterile and aseptic technique and ensuring that surgical equipment is functioning properly and safely; (ii) intraoperative anticipation and response to the needs of a surgeon and other team members by monitoring the sterile field and providing the required instruments or supplies; (iii) performance of tasks at the sterile field, as directed in an operating room setting, including: (1) passing supplies, equipment or instruments; (2) sponging or suctioning an operative site; (3) preparing and cutting suture material; (4) transferring and irrigating with fluids; (5) transferring, but not administering, drugs within the sterile field; (6) handling specimens; (7) holding retractors; and (8) assisting in counting sponges,

needles, supplies and instruments with an operating room circulator. (b) A surgical facility shall not employ or otherwise retain the services of any person to perform surgical technology tasks or functions unless such person: (1) has successfully completed an accredited educational program for surgical technologists and holds and maintains a certified surgical technologist credential administered by a nationally recognized surgical technologist certifying body accredited by the National Commission for Certifying Agencies and recognized by the American College of Surgeons and the Association of Surgical Technologists; (2) has successfully completed an accredited school of surgical technology but has not, as of the date of hire, obtained the certified surgical technologist certification required in clause (1), provided that such certification shall be obtained within 12 months of the graduation date; (3) was employed as a surgical technologist in a surgical facility on July 1, 2012; (4) has successfully completed a training program for surgical technology in the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States or in the United States Public Health Service which has been deemed appropriate by the commissioner; or (5) is performing surgical technology tasks or functions in the service of the federal government, but only to the extent the person is performing duties related to that service. (c) A person employed or otherwise retained to practice surgical technology in a healthcare facility may assist in the performance of operating room circulator duties under the direct l supervision, limited to clinical guidance of the operating room circulator if: (1) the operating room circulator is present in the operating room for the duration of the procedure; (2) any such assistance has been assigned to such person by the operating room circulator; and (3) such assistance is consistent with the education, training and experience of the person providing such assistance. (d) Nothing in this section shall prohibit a registered nurse, licensed or registered health care provider or other health care practitioner from performing surgical technology tasks or functions if such person is acting within the scope of such person's license. (e) The commissioner of the department of public health shall adopt regulations necessary to carry out the purposes of this act. Such regulations shall be adopted not later than 90 days after the effective date of this act. (f) Subsections (a), (b), (c) and (d) shall take effect 180 days after the effective date of this act.

Amendment #141

Representatives Webster of Pembroke and Diehl of Whitman move to amend House Bill 4127 by adding the following section:- "SECTION XX. Section 36 of chapter 118G of the General Laws is hereby repealed."

Amendment #142

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by adding, at the end thereof, the following sections:-
"SECTION XX. Chapter 270 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after section five, the following section:— Section 5A. As used in this section and section 6 the following words shall, unless the context clearly requires otherwise, have the following meanings: "Tobacco Products",

cigarettes, bidis, cigars, chewing tobacco, pipe tobacco, snuff, or tobacco in any of its forms. “Retailer”, any establishment that sells tobacco products to individuals for personal consumption. “Person”, individual, employer, employee, retail store manager or owner, or the owner or operator of any establishment engaged in the sale of tobacco products. “Proof of age”, a motor vehicle license issued pursuant to section eight of chapter 90, a liquor purchase identification card issued pursuant to section 34B of chapter 138, a valid passport issued by the United States government, or by the government, recognized by the United States government, of a foreign country, or a valid United States issued military identification card. “Local Permit”, any permit that a retailer is required to obtain by local ordinance, by-law or board of health regulation in order to sell or distribute tobacco products. “Smoking”, inhaling, exhaling, burning or carrying any lighted cigar, cigarette, or other tobacco product in any form.

SECTION XX. Said chapter 270 is hereby further amended by striking out section 6, as so appearing, and inserting in place thereof the following section:— Section 6. (a) No person under 18 years of age shall smoke, possess, or use any tobacco products in the commonwealth. (b) No person shall sell tobacco products or permit tobacco products to be sold to any person under 18 years of age nor shall any person give a person under 18 years of age a tobacco product. (c) Every retailer shall verify by means of proof of age that no person purchasing tobacco products is under 18 years of age. No person under 18 years of age shall misrepresent his or her age by presenting false proof of age to purchase tobacco products. No such verification is required for any person over 26 years of age. (d) Nothing in this section shall prohibit persons under 18 years of age from participating in compliance checks conducted in order to enforce and monitor compliance with this section or any other law governing the sale of tobacco products to minors or persons under 18 years of age. (e) Any retailer who violates any provision of this section shall be fined $100 for the first offense, $200 for the second offense, and $300 for the third or subsequent offense. Any retailer who violates this act 4 or more times within a 3 year period, calculated from the date of the first offense, shall be subject to a fine of $300 for each offense and shall have his local permit suspended for 7 consecutive calendar days. The board of health shall provide notice of the intent to suspend a tobacco permit, which notice shall contain the reasons for the permit suspension and establish a date and time for a hearing. The date of the hearing shall be no earlier than 7 days after the date of said notice. The permittee shall have an opportunity to be heard at such hearing and shall be notified of the Board's decision and reasons in writing. (f) Any person who is under 18 years of age who violates any provision of this act may be required to perform 20 hours of community service and enroll in a tobacco education program; provided, however, that this section shall not apply to a person who is under 18 years of age who possesses, transports, or carries on his person tobacco products in the course of his employment.

SECTION XX. Said chapter 270 is hereby further amended by inserting after section 7, the following section:— Section 7A. (a) Police officers, school officials and their agents shall have the authority to confiscate any tobacco products from any person under 18 years of age and may return the confiscated tobacco products to said person’s parent or legal guardian upon written request within 30 days. If the tobacco product is not claimed within 30 days, the police officers, school officials and their agents shall destroy the tobacco product. (b) In addition to the penalties provided in section 6 of chapter 270 upon petition of a board of health to the commissioner of revenue that a retailer has been cited

in violation of said section 6, 4 or more times within a 3 year period, calculated from the date of the first offense, the commissioner of revenue shall, after providing the retailer with notice and opportunity to be heard, suspend for 30 days the retailer's license, issued in accordance with section 67 of chapter 62C. The commissioner shall provide notice of the intent to suspend said license, which notice shall contain the reasons for the suspension and establish a date and time for a hearing. The date of the hearing shall be no earlier than 7 days after the date of said notice. The licensee shall have an opportunity to be heard at such hearing and shall be notified of the commissioner's decision and reasons in writing. Any person aggrieved by the commissioner's suspension of said license may within 60 days of the date of notice of such suspension appeal to the appellate tax board, whose decision shall be final. (c) Police officers, school officials and their agents shall have the authority to confiscate any tobacco products from any person who is under 18 years of age; the commonwealth of Massachusetts or its agents, including but not limited to the department of public health, the attorney general, and the state police; any city or town or its agent, any board of health or its agent, and any city or town police department, any school official or its agent may enforce all other provisions of this act. If the enforcing authority is a board of health or its authorized agent, any violation of this section may be disposed of by the non-criminal method of disposition procedures contained in section 21D of chapter 40 without an enabling ordinance or bylaw. If the enforcing authority is any city or town or its agent, any board of health or its agent, or any city or town police department, fines that are assessed pursuant to section 6 of chapter 270 may be payable to the city or town in which the violation of this section occurs. Any city or town may, by ordinance or bylaw, establish a fund for the disposition of any revenues received from fines levied in accordance with the provisions of section 6 of chapter 270, in which case, the municipal health department or board of health shall expend said funds for the purpose of enforcing this act or any local law that regulates the sale of tobacco products.".

Amendment #143

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by adding the following new section:— "SECTION X. The secretary of administration and finance in conjunction with the secretary of health and human services shall evaluate the feasibility of contracting for recycling durable medical equipment purchased and issued by the commonwealth through any and all of its medical assistance programs. Said evaluation shall include, but not be limited to, a request for qualifications or proposals for entities capable of developing, implementing and operating a system of recycling whereby an inventory of such equipment is developed and managed so as to maximize the quality of service delivery to equipment recipients and to minimize costs and losses attributable to waste, fraud or abuse. The secretary of administration and finance shall report to the joint committee on health care financing, the house committee on ways and means and the senate committee on ways and means the findings of said evaluation, together with cost estimates for the operation of a recycling program, estimates of the savings it would generate, and legislative recommendations not later than October 31, 2012.".

Amendment #144

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, deMacedo of Plymouth, and Hunt of Sandwich move to amend House Bill 4127 by inserting in SECTION 130, in line 2948, after the word "individual" the following words:— ", who is a resident of the commonwealth,".

Amendment #145

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 adding the following section:— "SECTION XX. Subsection (b) of section 38C of chapter 3 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting at the end thereof the following: Notwithstanding the foregoing or any general or special law or regulation to the contrary, no mandated health benefit bill shall be reported favorably by any joint committee of the general court or the house or senate committees on ways and means, unless and until the rate of increase in the Consumer Price Index (CPI) for medical care services as reported by the United States Bureau of Labor Statistics remains at 0 or below 0 for 2 consecutive years. The Institute of Health Care Finance and Policy shall file an annual report with the house and senate committees on ways and means, the joint committee on insurance and the joint committee on health care no later than the last day of January for the previous year certifying the rate of increase in the CPI for medical care services.".

Amendment #146

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, deMacedo of Plymouth, and O'Connell of Taunton move to amend House Bill 4127 adding the following new section:— "SECTION XX. Section 4 of chapter 32A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting, after the first paragraph, the following:- Among the policies purchased by the commission, at least one shall include a health savings account in its design.".

Amendment #147

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by inserting, in line 1379, after the word "employees", the following:- "and the mean salary and benefits of job categories including administrators, doctors, technicians, and nurses,".

Amendment #148

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 adding the following new section:— "SECTION X. The Massachusetts Health Connector shall establish a special small business commission composed solely of small business owners and their employees to: (a) identify those mandates that unduly increase the cost of small business insurance; (b) make recommendations to the legislature on mandates that need to be rescinded or revised; and, (c) submit a report to the general court on any proposed mandated health benefit bill; provided however, that no new mandated health benefit mandate shall be approved until 90 days after the clerks of the house and senate are in receipt of such report.".

Amendment #149

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, deMacedo of Plymouth, and O'Connell of Taunton move to amend House Bill 4127 by adding the following section:— "SECTION X. Notwithstanding any general or special law to the contrary, it shall be the policy of the general court to impose a moratorium on all new mandated health benefit legislation until December 31, 2015.".

Amendment #150

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by adding, at the end thereof, the following:-
"SECTION XX. The office of Medicaid shall, within 6 months of the passage of this act, take any and all necessary actions to ensure that social security numbers are required on all medical benefits request forms to the extent permitted by federal law and that social security numbers are provided by all applicants who possess them. If for any reason the office of Medicaid determines that it is or will be unable to accomplish the foregoing within 6 months of the passage of this act, the office shall submit a detailed report of the reasons for such inability to the clerks of the house of representatives and the senate within 6 months following the passage of this act.
SECTION XX. The division of health care cost and quality shall, within 6 months of the passage of this act, ensure (i) that the identity, age, residence and eligibility of all applicants are verified before payments, other than emergency bad debt payments, are made by the Health Safety Net Trust Fund; and (ii) that the health safety net is the payor of last resort by performing third party liability investigations on health safety net claims and by implementing other such programs as needed. If for any reason the division determines that it is or will be unable to accomplish the foregoing within 6 months of the passage of this act, the division shall submit a detailed report of the reasons for such inability to the clerks of the house of representatives and the senate within 6 months following the passage of this act.".

Amendment #151

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 adding the following new section:— "SECTION XX. Notwithstanding any general or special law, rule or regulation to the contrary, no additional benefit, procedure or service shall be required for minimum creditable coverage, so- called, without prior legislative authorization therefore.".

Amendment #152

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by striking SECTION 66.

Amendment #153

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by adding the following sections:—
"SECTION XX. Section 1 of chapter 94C of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out, in line 248, the words "sections 66 and 66B" and inserting in place thereof the following words:- either sections 66 and 66B or sections 66 and 66C.
SECTION XX. Section 7 of said chapter 94C, as so appearing, is hereby amended by striking out, in line 202, the words "sections 66 and 66B" and inserting in place thereof the following words:- either sections 66 and 66B or sections 66 and 66C.
SECTION XX. Section 9 of said chapter 94C, as so appearing, is hereby amended by striking out, in line 2, the words "sections 66 and 66B" and inserting in place thereof the following words:- either sections 66 and 66B or sections 66 and 66C.
SECTION XX. Said section 9 of said chapter 94C, as so appearing, is hereby further amended by inserting after the word "podiatrist", in line 64, the following word:- , optometrist.
SECTION XX. Section 66 of chapter 112 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after the word "utilization", in line 7, the following words:- and prescription.
SECTION XX. Said section 66 of said chapter 112, as so appearing, is hereby further amended by striking out, in line 12, the words " and 66B" and inserting in place thereof the following words:- , 66B and 66C.
SECTION XX. The first paragraph of section 66A of said chapter 112, as so appearing, is

hereby amended by adding the following sentence:- A registered optometrist may utilize epinephrine, adrenaline or other agents used in the percutaneous treatment of anaphylaxis.

SECTION XX. Section 66B of said chapter 112, as so appearing, is hereby amended by inserting after the words "injection" in line 13, the third time it appears, the following words:- , except for the utilization of epinephrine, adrenaline or other agents used in the percutaneous treatment of anaphylaxis.

SECTION XX. Said chapter 112 is hereby further amended by inserting after section 66B the following section:- Section 66C. (a) A registered optometrist, qualified by examination for practice under section 68, duly certified in accordance with section 68C and duly registered to issue written prescriptions in accordance with subsection (h) of section 7 of chapter 94C may, for the purpose of diagnosing, preventing, correcting, managing or treating ocular diseases, including glaucoma and ocular abnormalities of the human eye and adjacent tissue, utilize and prescribe topical and oral therapeutic pharmaceutical agents, described in 21 U.S.C. Section 812 or chapter 94C, which are used in the practice of optometry as defined in section 66, including those placed in schedules III, IV, V and VI by the commissioner pursuant to section 2 of said chapter 94C, and including the utilization of epinephrine, adrenalin or other agents used in the percutaneous treatment of anaphylaxis. Nothing in this section shall be construed to permit optometric utilization or prescription of: (i) therapeutic pharmaceutical agents for the treatment of systemic diseases; (ii) invasive surgical procedures; or (iii) pharmaceutical agents administered by subdermal injection, intramuscular injection, intravenous injection, subcutaneous injection or retrobulbar injection, except as authorized herein for the percutaneous treatment of anaphylaxis. The use of pharmaceutical agents placed in schedule III under section 2 of said chapter 94C shall be limited to narcotic analgesics and shall not include the use of hallucinogenic substances or anabolic steroids. Oral steroid treatment required beyond 14 days shall be continued only in consultation with the patient's physician. (b) If during the course of examining or treating a patient with the aid of a diagnostic or therapeutic pharmaceutical agent, an optometrist, exercising professional judgment and that degree of expertise, care and knowledge ordinarily possessed and exercised by optometrists under like circumstances, determines the existence of signs of previously unevaluated disease which requires treatment not included in the scope of optometric practice as set forth in section 66, the optometrist shall refer the patient to a licensed physician or other qualified health care practitioner. Optometrists may utilize and prescribe nonlegend agents. (c) Nothing in this section shall prevent a qualified optometrist from serving as an approved investigator in a clinical trial evaluating pharmaceutical agents for use in the practice of optometry as defined in section 66; provided, however, that such pharmaceutical agent is, or would be anticipated to be, utilized or prescribed by optometrists in accordance with subsections (a) or (b). (d) If a patient exam shows newly diagnosed congenital glaucoma or if, during the course of examining, managing or treating a patient with glaucoma, surgical treatment is indicated, an optometrist shall refer that patient to a qualified physician for treatment. (e) Optometrists licensed under this chapter and the board of registration in optometry shall participate in appropriate state or federal reports or data collection efforts relative to patient safety and medical error reduction including, but not limited to, any such efforts coordinated by the Betsy Lehman center for patient safety and medical error reduction

established in section 16E of chapter 6A.
SECTION XX. Said chapter 112 is hereby further amended by inserting after section 68B the following section:- Section 68C (a) The board of registration in optometry shall administer an examination designed to measure the qualifications necessary to safely utilize and prescribe therapeutic pharmaceutical agents defined in subsection (a) of section 66C. Such examination shall be held in conjunction with examinations provided in sections 68, 68A and 68B and shall include any portion of the examination administered by the National Board of Examiners in Optometry or other appropriate examinations covering the subject matter of therapeutic pharmaceutical agents. Nothing shall prohibit the board from administering 1 examination to measure the qualifications necessary under sections 68, 68A, 68B and 68C. (b) Examination for the utilization and prescription of therapeutic pharmaceutical agents placed under schedules III, IV, V and VI by the commissioner pursuant to section 2 of chapter 94C and defined in subsection (a) of section 66C shall, upon application, be open to an optometrist registered under section 68, 68A or 68B and to any person who meets the qualifications for examination under said sections 68, 68A and 68B. Each such applicant registered as an optometrist under said section 68, 68A or 68B shall possess a current Massachusetts controlled substance registration for the use of topical pharmaceutical agents described in section 66B and placed under schedule VI by the commissioner pursuant to said section 2 of said chapter 94C and shall furnish to the board of registration in optometry evidence of the satisfactory completion of 40 hours of didactic education and 20 hours of supervised clinical education relating to the utilization and prescription of therapeutic pharmaceutical agents. Such education shall be provided by the Massachusetts Society of Optometrists or a duly accredited medical school or college of optometry and shall otherwise meet the guidelines and requirements of the board of registration in optometry. The board of registration in optometry shall provide to the department of public health and each successful applicant a certificate of qualification in the utilization and prescription of all therapeutic pharmaceutical agents as defined in said subsection (a) of said section 66C. (c) An optometrist licensed in another jurisdiction after January 1, 2009 and seeking to become licensed as an optometrist in the commonwealth may submit evidence to the board of registration in optometry of practice equivalent to that required in section 68, 68A or 68B and the board, at its discretion, may accept such evidence in order to satisfy any of the requirements of this section. An optometrist licensed in another jurisdiction to utilize and prescribe therapeutic pharmaceutical agents substantially equivalent to those placed under schedules III, IV, V and VI by the commissioner under section 2 of chapter 94C and defined in subsection (a) of section 66C may submit evidence to the board of registration in optometry of equivalent didactic and supervised clinical education in order to satisfy all of the requirements of this section. (d) In order to satisfy all of the requirements of this section, a licensed optometrist who has completed a Council on Optometric Education- approved, post-graduate residency program after July 31, 1997 may submit an affidavit to the board of registration in optometry from their residency supervisor or the director of residencies at the affiliated college of optometry attesting that an equivalent level of instruction and supervision was completed. (e) As a requirement of license renewal, an optometrist licensed under this section shall submit to the board of registration in optometry evidence attesting to the completion of 3 hours of continuing education specific to glaucoma.

SECTION XX. Section 66C of chapter 112, as so appearing, shall apply to registered optometrists qualified by examination for practice under section 68 of said chapter 112 after January 1, 2009.
SECTION XX. Under subsection (a) of section 68C of chapter 112 of the General Laws, as so appearing, the board shall only qualify a person for the practice of optometry in accordance with sections 68, 68A, 68B and 68C of chapter 112 of the General Laws; provided, however, that any applicant who presents satisfactory evidence of graduation subsequent to January 1, 2009, from a school or college of optometry approved by the board shall be deemed to have satisfied all of the requirements of sections 68, 68A, 68B and 68C of said chapter 112.
SECTION XX. Within 90 days after the effective date of this act, the department of public health and the board of registration in optometry shall promulgate rules and regulations necessary for the implementation of the amendments to sections 7 and 9 of chapter 94C of the General Laws and sections 66, 66A, 66B, 66C and 68C of chapter 112 of the General Laws as provided in this act.".

Amendment #154

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, deMacedo of Plymouth, and Hunt of Sandwich move to amend House Bill 4127 by inserting, in line 2996, after the words "employer's discretion", the following:— "(11) For the purpose of the fair share contribution compliance test, an employer may count employees that have qualifying health insurance coverage from a spouse, a parent, a veteran's plan, Medicare, Medicaid, or a plan or plans due to a disability or retirement towards their qualifying take-up rate as a "contributing employer", as defined by the Institute of Health Care Finance and Policy. The employer is still required to offer group medical insurance and must keep and maintain proof of their employee's insurance status.".

Amendment #155

Representatives Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by adding, at the end thereof, the following section:- "SECTION XX. The office of Medicaid and the department of unemployment assistance shall, in consultation with the executive office of health and human services, develop and implement a means by which the office of Medicaid may access information as to the status of or termination of unemployment benefits and the associated insurance coverage by the medical security plan, as administered by the executive office of labor and workforce development, for the purposes of determination of eligibility for those individuals applying for benefits through health care insurance programs administered by the executive office of health and human services. The office and the department shall implement this system not later

than 3 months following the passage of this act; provided, however, that if legislative action is required prior to implementation, recommendations for such action shall be filed with the house and senate clerks and the joint committee on health care financing not later than 2 months following the passage of this act.".

Amendment #156

Representative Lawn moves to amend H.4127 by striking out Section 178.

Amendment #157

Representative Lawn and others move to amend H.4127, in section 180, in lines 3713 to 3716 inclusive, by striking out the following:
"Section 60M. In any action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health licensed pursuant to section 2 of chapter 112, including actions pursuant to section 60B, an expert witness shall have been engaged in the practice of medicine at the time of the alleged wrongdoing."

Amendment #158

Representatives Benson of Lunenburg, DiNatale of Fitchburg, Atkins of Concord, Finn of West Springfield, Garballey of Arlington, and Provost of Somerville move to amend the bill in section 97, in line 1004, by inserting after the word "rehabilitative" the words "nurse-midwifery"

Amendment #159

Representative Lawn and others move to amend H.4127, in section 180, in lines 3717 to 3721 inclusive, by striking out the following: "Section 60N. In any action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health licensed pursuant to section 2 of chapter 112, including actions pursuant to section 60B of this chapter, an expert witness shall be board certified in the same specialty as the defendant physician as licensed pursuant to section 2 of chapter 112."

Amendment #160

Mr. Pignatelli of Lenox moves to amend the bill in SECTION 121 in line 2097 after the words "for medical" by inserting the following: "or nursing"

Amendment #161

Mr. Pignatelli of Lenox moves to amend the bill (H. 4127) in section 97, line 1092, by inserting after the word "commonwealth", the following:- ", or a doctor of podiatric medicine licensed to practice in the commonwealth."

Amendment #162

Representatives Benson of Lunenburg, DiNatale of Fitchburg, Farley-Bouvier of Pittsfield, Diehl of Whitman, Walz of Boston, Garballey of Arlington, Atkins of Concord, Lewis of Winchester, O'Connell of Taunton, Hogan of Stow, and Forry of Dorchester move to amend the bill by adding the following sections: SECTION X. Section 47G of chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by adding the following sentence:-- Annual cytologic screenings performed at the same time as an annual physical exam may be separately billed by the health care provider and shall be paid by the insurer. SECTION X. Subdivision L of section 110 of said chapter 175, as so appearing, is hereby amended by adding the following sentence:-- Annual cytologic screenings performed at the same time as an annual physical exam may be separately billed by the health care provider and shall be paid by the insurer. SECTION X. Section 8J of chapter 176A, as so appearing, is hereby amended by adding the following sentence:-- Annual cytologic screenings performed at the same time as an annual physical exam may be separately billed by the health care provider and shall be paid by the insurer.

Amendment #163

Representatives Benson of Lunenburg, DiNatale of Fitchburg, Forry of Dorchester, and Hecht of Watertown move to amend the bill by inserting in Section 124, line 2791, after the words "integrating physical and behavioral services," the following:-"including care provided in home and community-based settings by home health agencies or visiting nurse associations."

Amendment #164

Ms. Khan of Newton moves to amend the bill H.4127 by inserting the following new sections:-
SECTION XX. Section 80B of Chapter 112 of the General Laws, as appearing in the 2008 Official Edition is hereby amended by inserting in the last paragraph after the words "licensed practical nurse" the following: "(8) the administration of or assistance with the administration of medications in the home by a home health aide as defined under G.L. c. 111, § 72F, provided that such an aide has completed agency training regulations to be drafted according to regulations promulgated by the Board of Registration in Nursing and the Department of Public Health and that the administration or assistance with administration is performed under the supervision of a registered nurse. The delegation permitted under this subparagraph eight shall be limited to medications which are oral, ophthalmic, otic, topical, internasal, transdermal, suppository, prefilled, or products which are administered by inhalation. Administration of medications by intramuscular, subcutaneous, intradermal, intraosseous, intravenous shall not be permitted. Agencies shall provide training and establish documentation protocols according to the nurse delegation model and regulations to be drafted by the Board of Registration in Nursing and the Department of Public Health. These regulations shall specify that the registered nurse delegator and the home health aide are accountable for their own actions in the delegation process and that no registered nurse shall be required to delegate if the registered nurse determines it is inappropriate to do so. These regulations shall specify that delegation of administration of medication does not alter the responsibility of the home health agency or hospice to teach and the patient/family to participate in learning, self administration of medications, whenever appropriate. A nurse licensed under this chapter who delegates a specific nursing activity or task in compliance with the rules adopted in these regulations shall not be subject to disciplinary action by the board of nursing for the performance of a person to whom the nursing activity or task is delegated.
SECTION XX. Section 9 of Chapter 94 C of the General Laws in hereby amended by inserting in the first paragraph after the words “veterinarian when registered pursuant to the provisions of Chapter 7” the following: “a home health aide pursuant to the provisions of G.L Chapter 112 S 80B (8).”

Amendment #165

Representatives Benson of Lunenburg, Wolf of Cambridge, DiNatale of Fitchburg, Provost of Somerville, Garballey of Arlington, and Finn of West Springfield move to amend the bill in section 121, in line 1560; and in line 2004, by inserting after the words “nurse practitioners” the words “nurse-midwives”; and in line 2098, by inserting after the words “internal medicine”, the words “nurse midwifery”.

Amendment #166

Mr. Mahoney of Worcester moves to amend the bill by inserting in Section 121, subsection 45(g) after the words "as defined by the department of public health," the following: - "a Medicare-certified home health agency."

Amendment #167

Mr. Winslow of Norfolk moves to amend House Bill 4127 by inserting at the end thereof the following section –
"SECTION XX. Chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after section 111H, the following section:— Section 111I. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance solely on the basis that it does not include coverage for at least 1 mandated benefit. (b) The commissioner shall not approve a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance unless it provides, at a minimum, coverage for: (1) pregnant women, infants and children as set forth in section 47C; (2) prenatal care, childbirth and postpartum care as set forth in section 47F; (3) cytologic screening and mammographic examination as set forth in section 47G; (3A) diabetes-related services, medications, and supplies as defined in section 47N; (4) early intervention services as set forth in said section 47C; and (5) mental health services as set forth in section 47B; provided however, that if the policy limits coverage for outpatient physician office visits, the commissioner shall not disapprove the policy on the basis that coverage for outpatient mental health services is not as extensive as required by said section 47B, if the coverage is at least as extensive as coverage under the policy for outpatient physician services. (c) The commissioner shall not approve a policy of accident and sickness insurance which provides hospital expense and surgical expense insurance that does not include coverage for at least one mandated benefit unless the carrier continues to offer at least one policy that provides coverage that includes all mandated benefits. (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care. (e) The commissioner may promulgate rules and regulations as are necessary to carry out this section. (f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a policy of accident and sickness insurance to any employee within 12 months.
SECTION XX. Chapter 176A of the General Laws is hereby amended by inserting after section 1D the following section: Section 1E. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a contract between a subscriber and the corporation under an individual or group hospital services plan solely on the basis that it does not include coverage for at least one mandated benefit. (b) The commissioner shall not approve a contract unless it provides, at a minimum, coverage for: (1) pregnant women, infants and children as set forth in section 8B; (2) prenatal care, childbirth and postpartum care as set forth in section 8H; (3) cytologic screening and mammographic examination as set forth in section 8J; (3A) diabetes-related services, medications, and

supplies as defined in section 8P; (4) early intervention services as set forth in said section 8B; and (5) mental health services as set forth in section 8A; provided however, that if the contract limits coverage for outpatient physician office visits, the commissioner shall not disapprove the contract on the basis that coverage for outpatient mental health services is not as extensive as required by said section 8A, as long as such coverage is at least as extensive as coverage under the contract for outpatient physician services. (c) The commissioner shall not approve a contract that does not include coverage for at least one mandated benefit unless the corporation continues to offer at least one contract that provides coverage that includes all mandated benefits. (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care. (e) The commissioner may promulgate rules and regulations as are necessary to carry out this section. (f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a hospital services plan, to any employee within 12 months. Chapter 176B of the General Laws is hereby further amended by inserting after section 6B, the following section:— Section 6C. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a subscription certificate solely on the basis that it does not include coverage for at least one mandated benefit. (b) The commissioner shall not approve a subscription certificate unless it provides, at a minimum, coverage for: (1) pregnant women, infants and children as set forth in section 4C; (2) prenatal care, childbirth and postpartum care as set forth in section 4H; (3) cytologic screening and mammographic examination; (3A) diabetes-related services, medications and supplies as defined in section 4S; (4) early intervention services as set forth in said section 4C; and (5) mental health services as set forth in section 4A; provided however, that if the subscription certificate limits coverage for outpatient physician office visits, the commissioner shall not disapprove the subscription certificate on the basis that coverage for outpatient mental health services is not as extensive as required by said section 4A, as long as such coverage is at least as extensive as coverage under the subscription certificate for outpatient physician services. (c) The commissioner shall not approve a subscription certificate that does not include coverage for at least 1 mandated benefit unless the corporation continues to offer at least one subscription certificate that provides coverage that includes all mandated benefits. (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care. (e) The commissioner may promulgate rules and regulations as are necessary to carry out this section. (f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a subscription certificate, to any employee within 12 months.

SECTION XX. Chapter 176G of the General Laws is hereby amended by inserting after Section 16 the following new section: Section 16A. (a) Except as otherwise provided in this section, the commissioner shall not disapprove a health maintenance contract solely on the basis that it does not include coverage for at least 1 mandated benefit. (b) The commissioner shall not approve a health maintenance contract unless it provides coverage for: (1) pregnant women, infants and children as set forth in section 4; (2) prenatal care, childbirth and postpartum care as set forth in said section 4 and section 4I;

(3) cytologic screening and mammographic examination as set forth in said section 4; (3A) diabetes-related services, medications and supplies as defined in section 4H; (4) early intervention services as set forth in said section 4; and (5) mental health services as set forth in section 4M; provided however, that if the health maintenance contract limits coverage for outpatient physician office visits pursuant to section 16, the commissioner shall not disapprove the health maintenance contract on the basis that coverage for outpatient mental health services is not as extensive as required by said section 4M as long as such coverage is at least as extensive as coverage under the health maintenance contract for outpatient physician services. (c) The commissioner shall not approve a health maintenance contract that does not include coverage for at least one mandated benefit unless the health maintenance organization continues to offer at least one health maintenance contract that provides coverage that includes all mandated benefits. (d) For purposes of this section, "mandated benefit" shall mean a requirement in this chapter that requires coverage for specific health services, specific diseases or certain providers of health care. (e) The commissioner may promulgate rules and regulations as are necessary to carry out the provisions of this section. (f) Notwithstanding any special or general law to the contrary, no plan approved by the commissioner under this section shall be available to an employer who has provided a health maintenance contract, to any employee within 12 months."

Amendment #168

Representatives Forry of Boston, Jones of North Reading, Peterson of Grafton, Kafka of Stoughton, Keenan of Salem, Peake of Provincetown, Toomey of Cambridge, Hogan of Stow, Atkins of Concord, Benson of Lunenburg, McMurtry of Dedham, DiNatale of Fitchburg, Calter of Kingston, Fox of Boston, Coppinger of Boston, Dykema of Holliston, O'Connell of Taunton, D'Emilia of Bridgewater, Levy of Marlborough and Hunt of Sandwich move to amend the bill (House, No. 4127) by inserting after section 130 the following section:- "SECTION 130A. Said subsection (c) of said section 188 of said chapter 149, as so amended, is hereby further amended by adding the following clause:- (11) In calculating the fair share assessment, employees who have qualifying health insurance coverage from a spouse, parent, veteran's plan, Medicare, Medicaid or a plan or plans due to a disability or retirement shall not be included in the numerator or denominator for purposes of determining whether an employer is a contributing employer, as defined in 114.5 CMR 16.02."; and By inserting after section 201 the following new section:- "SECTION 201A. Section 130A shall take effect on February 1, 2013.".

Amendment #169

Representatives Khan of Newton, Keenan of Salem, and Toomey of Cambridge move that the bill be amended in SECTION 162 by striking it in its entirety and further move to

amend Chapter 176O, as so appearing, in subsection (b) of Section 2 by striking (3) in its entirety and inserting in its place the following: - "(3) take into consideration any projected compliance costs for such variation. In order to reduce health care costs and improve access to health care services, the bureau shall establish by regulation no later than January 1, 2014, as a condition of accreditation that carriers use uniform forms, standards and methodologies for credentialing of providers, including any health care provider type licensed under chapter 112 that provide identical services. The division shall, before adopting regulation under this section, review the procedures adopted in states with uniform credentialing requirements of health care providers and consult with the division of health care cost and quality, the department of public health, the group insurance commission, the Centers for Medicare and Medicaid Services and each carrier. Accreditation by the bureau shall be valid for a period of 24 months."

Amendment #170

Representative Parisella of Beverly moves to amend the bill by adding the following section: Section X. (a) The Director of Medicaid (Director) shall utilize the federal Public Assistance Reporting Information System (PARIS) to identify veterans and their dependents or survivors who are enrolled in the MassHealth program and assist them in obtaining federal veteran health care benefits. (b) The Director shall exchange information with PARIS and identify veterans and their dependents or survivors who are receiving MassHealth benefits. (c) The Director shall refer identified veterans who are receiving high-cost services, including long-term care, to their local veteran service officers (VSOs) to obtain information regarding, and assistance in obtaining, Department of Veterans' Affairs benefits. (d) In implementing this section, the Director of Medicaid shall do all of the following: (1) Enter into an agreement with the Department of Veterans' Services (DVS) to perform VSO outreach services. The DVS agreement shall contain performance standards that will allow the Director to measure the effectiveness of the program established by this section. (2) Enter into any agreements that are required by the federal government to utilize the PARIS system. (3) Perform any information technology activities that are necessary to utilize the PARIS system.

Amendment #171

Mr. Linsky of Natick moves to amend the bill (H. 4127) in Section 97 by inserting, in line 1006, after the words "community health center" the following words:- "home health and hospice care provider,".

Amendment #172

Representative Hunt of Sandwich moves to amend House Bill 4127 by adding, at the end thereof, the following section:
"SECTION XX. Section 6 of chapter 62 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking subsection (f), in its entirety, and inserting, in place thereof, the following: (f) There is hereby established a credit for businesses offering health insurance to their employees. For the purposes of this section, the term "businesses" shall include professions, sole proprietorships, trades, businesses, or partnerships. Any business which (a) has 1 or more full-time equivalent employees unrelated to its owners or partners but no more than 50 of such employees calculated on an average annual basis, (b) makes qualifying health insurance premium expenditures for a health insurance plan covering its employees in each year beginning on December 31, 2012 and ending on December 31, 2014, including any year in which a credit is taken pursuant to this section, shall be allowed a credit against its income tax due under this chapter in 2 consecutive tax years. The amount of such credit in the first tax year in which it is taken shall be 20 per cent of the entire amount of the qualifying health insurance premium expenditure made by such business in such tax year. The amount of such credit in the second tax year in which it is taken shall be 10 per cent of the entire amount of such qualifying health insurance premium expenditure made by such business in such tax year. To qualify for such credits, the health insurance premium expenditure of such business must equal at least 50 per cent of the total cost of the premiums for such health insurance plan and such health insurance plan must be available at least to all of the full-time employees of such business. For the purposes of this section, "unrelated" shall mean not having the familial relationship of spouse, mother, father, or child. Credits pursuant to this subsection shall be available only in tax years beginning on December 31, 2012 and ending on December 31, 2014. This subsection shall expire on December 31, 2014.".

Amendment #173

Representatives Hunt of Sandwich, Jones of North Reading, Peterson of Grafton, Hill of Ipswich, Poirier of North Attleboro, and deMacedo of Plymouth move to amend House Bill 4127 by striking, in line 2952, the figure "11" and inserting in place thereof the following: - "51".

Amendment #174

Representatives Creedon of Brockton, Canavan of Brockton, Brady of Brockton, DiNatali of Fitchburg, McMurtry of Dedham, Atsalis of Barnstable, and Sullivan of Fall River move to amend House, No. 4127 by inserting the following SECTIONS:--
"SECTION 1. Subsection (a) of section 188 of chapter 149, as appearing in the 2010 Official Edition, is hereby amended by adding the following definition:- "Exempted employer", an employer whose employees are dependents under a group health plan, as

defined in 26 U.S.C. 5000(b)(1). SECTION 2. Said section 188 of said chapter 149 is hereby further amended by striking out the first sentence, as appearing in section 135 of chapter 3 of the acts of 2011, and inserting in place thereof the following sentence:- For the purpose of more equitably distributing the costs of health care provided to uninsured residents of the commonwealth, each employer that (i) employs 11 or more full-time equivalent employees in the commonwealth and (ii) is not a contributing employer nor an exempted employer shall pay a per-employee contribution at a time and in a manner prescribed by the director of unemployment assistance, in this section called the fair share employer contribution. SECTION 3. Said section 188 of said chapter 149, as appearing in the 2010 Official Edition, is hereby further amended by adding the following subsection:- (f) Each exempted employer shall provide the department with evidence that its employees are dependents under a group health plan, as defined by 26 U.S.C. 5000(b)(1), at a time and in a manner prescribed by the director of unemployment assistance."

Amendment #175

Representative Peake of Provincetown moves to amend the bill by adding the following section:
SECTION XX. Section 1. Chapter 112 of the General Laws is hereby amended by inserting after section 160 the following section:- Section 160A. The needles used in acupuncture shall be sterile, one-use, disposable, solid filiform instruments which shall include but not be limited to: dermal needles, plum blossom needles, press needles, prismatic needles, and disposal lancets. The use of staples in the practice of acupuncture shall be prohibited. Section 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47AA the following section:- Section 47BB. (a) All individual or group accident and health insurance policies and health service contracts delivered, issued or renewed by an insurer or nonprofit health service corporation which provide benefits to individual subscribers and members within the commonwealth or to all group members having a principal place of employment within the commonwealth shall provide benefits for the acupuncture diagnostic techniques in subsection (b), the acupuncture services in subsection (c), and the adjunctive therapies in subsection (d); provided those techniques, services and adjunctive therapies are provided by an acupuncturist licensed under sections 148 to 162, inclusive, of chapter 112 or a licensed physician practicing acupuncture under section 162 of chapter 112. (b) Acupuncture diagnostic techniques shall include, but not be limited to, the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, 5 element correspondences, ryodoraku, German electro-acupuncture, and thermography. (c) Acupuncture services shall include, but not be limited to: (i) auricular, hand, nose, face, foot and/or scalp acupuncture therapy; (ii) stimulation to points (including but not limited to acupuncture points, trigger points and motor points), acupuncture channels, and areas on the body by use of any of the following: needles, moxibustion, cupping, thermal methods, magnets, scraping techniques, ion cord linking acupuncture devices with wires, hot and cold packs, electromagnetic wave therapy and lasers; manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin, massage, acupressure,

reflexology, shiatsu and tui na; and electrical stimulation including electro-acupuncture, percutaneous and transcutaneous electrical nerve stimulation. (d) Adjunctive therapies shall include, but not be limited to: (i) oriental nutritional counseling, and the recommendation of nonprescription substances that meet the federal Food and Drug Administration labeling requirements as dietary supplements to promote health; (ii) instruction and training of meditation, breathing techniques and therapeutic movement exercises, including, but not limited to, tai chi, Qi Gong, Sotai; and (iii) lifestyle, behavioral, supportive, educational and stress counseling. (e) If an insurer or nonprofit health service corporation denies benefits relative to acupuncture diagnostic techniques, acupuncture services or adjunctive therapies, the denial must be by, under the direction of, or subject to the review of an acupuncturist licensed under said sections 148 to 162, inclusive, of said chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. Section 3. Said chapter 175 is hereby amended by inserting after the section 205 the following section:- Section 205A. (a) The commissioner shall not approve a policy under section 205 that does not provide benefits for the acupuncture diagnostic techniques in subsection (b), the acupuncture services in subsection (c), and the adjunctive therapies in subsection (d); provided those techniques, services and adjunctive therapies are provided by an acupuncturist licensed under sections 148 to 162, inclusive, of chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. (b) Acupuncture diagnostic techniques shall include, but not be limited to, the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, 5 element correspondences, ryodoraku, German electro-acupuncture, and thermography. (c) Acupuncture services shall include, but not be limited to: (i) auricular, hand, nose, face, foot and/or scalp acupuncture therapy; (ii) stimulation to acupuncture points and channels by use of any of the following: needles, moxibustion, cupping, thermal methods, magnets, scraping techniques, ion cord linking acupuncture devices with wires, hot and cold packs, electromagnetic wave therapy and lasers; manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin, massage, acupressure, reflexology, shiatsu and tui na; and electrical stimulation including electro-acupuncture, percutaneous and transcutaneous electrical nerve stimulation. (d) Adjunctive therapies shall include, but not be limited to: (i) oriental nutritional counseling, and the recommendation of nonprescription substances that meet the federal Food and Drug Administration labeling requirements as dietary supplements to promote health; (ii) instruction and training of meditation, breathing techniques and therapeutic movement exercises, including, but not limited to, tai chi, Qi Gong, Sotai; and (iii) lifestyle, behavioral, supportive, educational and stress counseling. (e) If benefits relative to acupuncture diagnostic techniques, acupuncture services or adjunctive therapies are denied under a policy under said section 205, the denial must be by, under the direction of, or subject to the review of an acupuncturist licensed under said sections 148 to 162, inclusive, of said chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. Section 4. Chapter 176A of the General Laws is hereby amended by inserting after section 8DD the following section:- Section 8EE. (a) Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for the

acupuncture diagnostic techniques in subsection (b), the acupuncture services in subsection (c), and the adjunctive therapies in subsection (d); provided those techniques, services and adjunctive therapies are provided by an acupuncturist licensed under sections 148 to 162, inclusive, of chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. (b) Acupuncture diagnostic techniques shall include, but not be limited to, the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, 5 element correspondences, ryodoraku, German electro-acupuncture, and thermography. (c) Acupuncture services shall include, but not be limited to: (i) auricular, hand, nose, face, foot and/or scalp acupuncture therapy; (ii) stimulation to acupuncture points and channels by use of any of the following: needles, moxibustion, cupping, thermal methods, magnets, scraping techniques, ion cord linking acupuncture devices with wires, hot and cold packs, electromagnetic wave therapy and lasers; manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin, massage, acupressure, reflexology, shiatsu and tui na; and electrical stimulation including electro-acupuncture, percutaneous and transcutaneous electrical nerve stimulation. (d) Adjunctive therapies shall include, but not be limited to: (i) oriental nutritional counseling, and the recommendation of nonprescription substances that meet the federal Food and Drug Administration labeling requirements as dietary supplements to promote health; (ii) instruction and training of meditation, breathing techniques and therapeutic movement exercises, including, but not limited to, tai chi, Qi Gong, Sotai; and (iii) lifestyle, behavioral, supportive, educational and stress counseling. (e) If a non-profit hospital service corporation denies benefits relative to acupuncture diagnostic techniques, acupuncture services or adjunctive therapies, the denial must be by, under the direction of, or subject to the review of an acupuncturist licensed under said sections 148 to 162, inclusive, of said chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. Section 5. Chapter 176B of the General Laws is hereby amended by inserting after section 4DD the following section:- Section 4EE. (a) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed in the commonwealth shall provide a benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for the acupuncture diagnostic techniques in subsection (b), the acupuncture services in subsection (c), and the adjunctive therapies in subsection (d); provided those techniques, services and adjunctive therapies are provided by an acupuncturist licensed under sections 148 to 162, inclusive, of chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. (b) Acupuncture diagnostic techniques shall include, but not be limited to, the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, 5 element correspondences, ryodoraku, German electro-acupuncture, and thermography. (c) Acupuncture services shall include, but not be limited to: (i) auricular, hand, nose, face, foot and/or scalp acupuncture therapy; (ii) stimulation to acupuncture points and channels by use of any of the following: needles, moxibustion, cupping, thermal methods, magnets, scraping techniques, ion cord linking acupuncture devices with wires, hot and cold packs, electromagnetic wave therapy and lasers; manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin, massage, acupressure, reflexology, shiatsu and tui na; and electrical stimulation including electro-acupuncture, percutaneous and transcutaneous

electrical nerve stimulation. (d) Adjunctive therapies shall include, but not be limited to: (i) oriental nutritional counseling, and the recommendation of nonprescription substances that meet the federal Food and Drug Administration labeling requirements as dietary supplements to promote health; (ii) instruction and training of meditation, breathing techniques and therapeutic movement exercises, including, but not limited to, tai chi, Qi Gong, Sotai; and (iii) lifestyle, behavioral, supportive, educational and stress counseling. (e) If a medical service corporation denies benefits relative to acupuncture diagnostic techniques, acupuncture services or adjunctive therapies, the denial must be by, under the direction of, or subject to the review of an acupuncturist licensed under said sections 148 to 162, inclusive, of said chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. Section 6. Chapter 176G of the General Laws is hereby amended by inserting after section 4V the following section:- Section 4W. (a) Any group health maintenance contract shall provide coverage for the acupuncture diagnostic techniques in subsection (b), the acupuncture services in subsection (c), and the adjunctive therapies in subsection (d); provided those techniques, services and adjunctive therapies are provided by an acupuncturist licensed under sections 148 to 162, inclusive, of chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112. (b) Acupuncture diagnostic techniques shall include, but not be limited to, the use of observation, listening, smelling, inquiring, palpation, pulses, tongue, physiognomy, 5 element correspondences, ryodoraku, German electro-acupuncture, and thermography. (c) Acupuncture services shall include, but not be limited to: (i) auricular, hand, nose, face, foot and/or scalp acupuncture therapy; (ii) stimulation to acupuncture points and channels by use of any of the following: needles, moxibustion, cupping, thermal methods, magnets, scraping techniques, ion cord linking acupuncture devices with wires, hot and cold packs, electromagnetic wave therapy and lasers; manual stimulation, including stimulation by an instrument or mechanical device that does not pierce the skin, massage, acupressure, reflexology, shiatsu and tui na; and electrical stimulation including electro-acupuncture, percutaneous and transcutaneous electrical nerve stimulation. (d) Adjunctive therapies shall include, but not be limited to: (i) oriental nutritional counseling, and the recommendation of nonprescription substances that meet the federal Food and Drug Administration labeling requirements as dietary supplements to promote health; (ii) instruction and training of meditation, breathing techniques and therapeutic movement exercises, including, but not limited to, tai chi, Qi Gong, Sotai; and (iii) lifestyle, behavioral, supportive, educational and stress counseling. (e) If a health maintenance organization denies benefits relative to acupuncture diagnostic techniques, acupuncture services or adjunctive therapies, the denial must be by, under the direction of, or subject to the review of an acupuncturist licensed under said sections 148 to 162, inclusive, of said chapter 112, or a licensed physician practicing acupuncture under section 162 of chapter 112.

Amendment #176

Representatives Peake of Provincetown and Atsalis of Barnstable move to amend the bill by adding the following section:

SECTION XX. Notwithstanding the provisions of any general or special law or regulation to the contrary, the provisions of Section 25E ½ of Chapter 111 of the General Laws, as proposed to be added by SECTION 55, shall not apply to the review of an application for a determination of need that is filed with the department of public health under any applicable provision of Chapter 111 of the General Laws on or before the later of (a) December 31, 2013, or (b) the date on which said department submits for the first time a state health plan in accordance with Section 25E ½ of Chapter 111 of the General Laws, as proposed to be amended by SECTION 55.

Amendment #177

Representatives Peake of Provincetown, Atsalis of Barnstable, Cariddi of North Adams, Farley-Bouvier of Pittsfield and Pignatelli of Lenox move to amend the bill in Section 97 by striking out lines 1159 to 1165 in their entirety and replacing them with the following: "Sole community provider", any acute hospital which qualifies as a sole community provider under Medicare regulations or under regulations promulgated by the executive office, which regulations shall consider factors including, but not limited to, isolated location, weather conditions, travel conditions, percentage of Medicare, Medicaid and free care provided and the absence of other reasonably accessible hospitals in the area; provided, that such hospitals shall include those which are located more than 20 miles driving distance from other such hospitals in the commonwealth and which provide services for at least 60 per cent of their primary service area.

Amendment #178

Representatives Peake of Provincetown and Atsalis of Barnstable move to amend the bill in Section 46, line 1660, by adding after the word "year" the following: And provided further that for the purpose of analyzing the cost growth of individual health care entities within the regions, the costs associated with implementing the health information technology and ehealth medical records provisions of this act shall not be considered and provided further that the costs associated with capital investments greater than $1,000,000 that are deemed necessary by the provider to enhance the quality of health care in the region shall not be considered and provided further that any assessments required to pay for the provisions of this act shall not be considered.

Amendment #179

Ms. Malia of Boston moves to amend the bill (House, No. 4127) in section 123, in line 2714, by striking out the following words:- "ultrasound diagnostic imaging"

Amendment #180

Mr. Conroy of Wayland moves to amend the bill in SECTION 124, in lines 2891 to 2895, inclusive, by striking Section 12 in its entirety and inserting in place thereof the following: "Section 12: The commissioner of insurance shall make a determination if an ACO has adequate reserves to meet their risk arrangements. The commissioner of insurance shall have the authority to promulgate regulations to ensure the viability of an ACO for all risks including, but not limited to, global payment or shared savings risk, and to establish financial oversight provisions and requirements for ACOs. Upon the satisfaction of the commissioner of insurance, the division of insurance shall submit a certificate of approval to the division."

Amendment #181

Mr. Conroy of Wayland moves to amend the bill in SECTION 188, in line 3770, by inserting, after "plan" the following sentence: "This section does not apply to any health coverage that supplements Medicare, including coverage subject to chapter 176K of the General Laws, as appearing in the 2010 Official Edition."

Amendment #182

Ms. Provost of Somerville moves to amend the bill, H.4127, by inserting, after Section 65, the following new section:- Section XX. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after section 51H the following section:– Section 51I. (a) As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:- "Adverse event", injury to a patient resulting from a medical intervention, and not to the underlying condition of the patient. "Checklist of care", pre-determined steps to be followed by a team of healthcare providers before, during and after a given procedure to decrease the possibility of adverse effects and other patient harm by articulating standards of care. "Facility," a hospital; institution maintaining an Intensive Care Unit; institution providing surgical services, or clinic providing ambulatory surgery. (b) The department shall encourage the development and implementation of checklists of care that prevent adverse events and reduce healthcare-associated infection rates. The department shall develop model checklists of care, which may be implemented by facilities; provided however, that facilities may develop and implement checklists independently. (c) Facilities shall report data and information relative to their use or non-use of checklists to the department and the Betsy Lehman center for patient safety and medical error reduction. The department may consider facilities that use similar programs to be in compliance. Reports shall be

made in the manner and form established by the department. The department shall publicly report on individual hospitals' compliance rates." "

Amendment #183

Representatives Provost of Somerville and Sciortino of Medford move to amend the bill, H.4127, in Section 121, by inserting in line 2182 after the words, "patient choice", the following words, "of services and of in-network and out-of-network providers"; and by deleting in Section 124, line 2819, after the words "palliative care;" the word "and"; and by inserting in line 2820, after the letter "(j)", the following subsection:- "Establishment of mechanisms to protect patient choice of providers, including the requirement that patient choice of in-network or out-of-ACO providers may not be limited if such providers accept the comparable in-ACO rate for service and agree to comply with reasonable in-ACO administrative requirements; and (k)".

Amendment #184

Ms. Provost of Somerville move to amend the bill, H.4127, by inserting at the end thereof the following new section:- SECTION XX. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended, by inserting at the end thereof, the following new section: Section 226. (a) As used in this section the following terms shall, unless the context clearly requires otherwise, have the following meanings: "Appropriate", consistent with applicable legal, health and ethical professional standards, the patient's clinical and other circumstances and the patient's reasonably known wishes and beliefs. "Attending health care practitioner", a physician or nurse practitioner who has primary responsibility for the care and treatment of the patient. Where more than 1 physician or nurse practitioner share that responsibility, each of them has a responsibility under this section, unless they agree to assign that responsibility to 1 of them. "Palliative care", a health care treatment plan, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, which could include hospice care. "Terminal illness or condition", an illness or condition which can reasonably be expect to cause death within 6 months, whether or not treatment is provided. (b) The commissioner shall adopt regulations requiring each licensed hospital, skilled nursing facility, health center or assisted living facility to distribute to patients in its care written information regarding the availability of palliative care and end-of-life options. (c) If a patient is diagnosed with a terminal illness or condition, the patient's attending health care practitioner shall offer to provide the patient with information and counseling regarding palliative care appropriate to the patient, including, but not limited to: (i) the range of options appropriate to the patient; (ii) the prognosis, risks and benefits of the various options; and (iii) the patient's legal rights to comprehensive pain and symptom management. The information and counseling may be provided orally or in writing. Where the patient lacks

capacity to reasonably understand and make informed choices, the attending health care practitioner shall provide information and counseling under this section to a person with authority to make health care decisions for the patient. The attending health care practitioner may arrange for information and counseling under this section to be provided by another professionally qualified individual. Where the attending health care practitioner is not willing to provide the patient with information and counseling under this section, the attending health care practitioner shall arrange for another physician or nurse practitioner to do so, or shall refer or transfer the patient to another physician or nurse practitioner willing to do so. (d) The department shall consult with the Hospice and Palliative Care Federation of Massachusetts, in developing educational documents, rules and regulations related to this section.

Amendment #185

Representatives Khan of Newton and Scibak of South Hadley move to amend the bill H.4127 by inserting after Section 228 Subsection (d) the following: "(e) This section will not apply if a payer or any entity acting for a payer under contract uses a prior authorization methodology that utilizes an internet webpage, internet webpage portal, or similar electronic, internet, and web-based system."

Amendment #186

Ms. O'Connell of Taunton moves to amend House Bill 4127 by inserting at the end thereof the following section:- "SECTION XX. Section 60I of chapter 231 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking the second paragraph, and inserting in place thereof the following: An attorney shall not contract for or collect a contingent fee for representing any person seeking damages in connection with an action for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care in excess of the following limits: (1) Thirty-five per cent of the first two hundred thousand dollars recovered; (2) Thirty-three and one-third per cent of the next two hundred thousand dollars recovered; (3) Thirty per cent of the next one hundred thousand dollars recovered; (4) Twenty-five per cent of any amount by which the recovery exceeds five hundred thousand dollars.".

Amendment #187

Ms. O'Connell of Taunton moves to amend the bill (House, No. 4127), in section 178, by striking out, in line 3642, the figure:- "3" and inserting in place thereof the following figure:- "2".

Amendment #188

Representatives Walsh of Boston, Scaccia of Boston, Wolf of Cambridge, Malia of Boston, Khan of Newton, and McMurtry of Dedham move to amend the bill, H. 4127, in SECTION 54 by inserting after item (3), in line 442, the following:— " (4) are likely to serve unique patient populations requiring specialized resources, and (5) are likely to serve a significant number of regional, national or international patients." And further moves to amend the bill in SECTION 121, in subsection (b) of the newly created Section 42 of Chapter 118G of the General Laws by inserting at the end thereof, in line 1516, the following:— "In doing so the Division shall establish protections and incentives for selection and service of high-cost patients by providers with special expertise in serving patients with complex conditions." And further moves to amend the bill in SECTION 121, in the newly created Section 43 of said Chapter 118G by striking subsection (d), in lines 1541 through 1544, and inserting in place thereof the following: "(d) Any alternative payment methodology shall include a risk adjustment based on health status. The division shall create standards for the calculation of risk adjustments and update those standards on an annual basis. The division shall assure that a risk adjustment methodology used for pediatric patients accounts for the differential diagnoses and care needs of children. In establishing risk adjustment standards, the division may take into account functional status, socioeconomic, or cultural factors. The division shall require yearly updating of risk profiles to reflect changes in the population served by the provider." And further moves to amend the bill in SECTION 121, in subsection (a)(3) of the newly created Section 45 of Chapter 118G of the General Laws by inserting after the word "organizations" in line 1554 the following:— "The Division shall modify existing models or standards as necessary and reasonable to apply to practices serving as pediatric patient-centered medical homes." And further moves to amend the bill in SECTION 121, in subsection (b) of the newly created Section 54 of Chapter 118G of the General Laws by inserting at the end thereof, in line 1890, the following:— "The division shall not compare providers that primarily serve children with providers that primarily serve adults." And further moves to amend the bill in SECTION 121 in the newly created section 65 of Chapter 118G of the General Laws by inserting after the word "specialty in line 2225, the following:— "and shall ensure that the standard quality measure set as it applies to pediatric providers shall rely on pediatric specific quality measures" And further moves to amend the bill in SECTION 124, in the definition of "Accountable Care Organization" in Section 1 of the newly created Chapter 118J of the General Laws by inserting at the end thereof, in line 2725, the following:— "Unless otherwise specified, an Accountable Care Organization or ACO shall include a pediatric ACO." And by inserting after the definition of "Payer" in lines 2724 through 2746, the following: "Pediatric ACO", an ACO that primarily serves individuals under the age of 18 or individuals with chronic or congenital conditions originating in childhood. And further moves to amend the bill in SECTION 124 in Section 6 of the newly created Chapter 118J of the General Laws by inserting at the end of subsection (e), in line 2812, the following:— ", provided that quality measures for pediatric ACOs may differ from those primarily serving adults." And by inserting after subsection (j), in lines 2820 and 2821, the following: — "(k) If the

ACO serves children, the ability to provide or contract for pediatric specialty care, including mental health care, by persons with recognized expertise in specialty pediatrics to ACO members requiring such services." And further moves to amend the bill in SECTION 124, in Section 8 of said Chapter 118J by inserting after the phrase "covered lives," in line 2853, the following:— "A pediatric ACO shall have a minimum of 5,000 covered lives. Minor children may be enrolled in different ACOs than their parents." And further moves to amend the bill in SECTION 124, in subsection (a) of Section 10 of said Chapter 118J by inserting at the end thereof, in line 2874, the following:— "The division shall modify the standard measure set and set minimum standards for pediatric ACOs as necessary to meet the purposes of this section."

Amendment #189

Representatives Walsh of Boston, Collins of Boston, and Diehl of Whitman move to amend the bill in section 58 in line 2021 by striking the number "17" and replacing it with the number "18" and by inserting the following after "recovery" in line 2032:- "Recovery Homes Collaborative."

Amendment #190

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by striking SECTION 66.

Amendment #191

Mr. Walsh of Lynn moves to amend House Bill 4127 in Section 188, by striking out "provided, however, that supplemental insurance may not cover co-payments, deductibles, co-insurance, or other patient payment responsibilities for services that are included in the individuals health plan"

Amendment #192

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by striking lines 540 through 543 and inserting in place thereof the following:-
"If a system has entered into alternative payment methodology contracts, as defined in section 1 of chapter 118G of the General Laws, or into contracts that involve partial risk or pay for performance provisions, and more than 50 percent of the total patients of such system who are enrolled in products offered by health maintenance organizations, as

defined in section 1 of chapter 176G of the General Laws, and who are assigned to primary care providers within such system are covered under such contracts, then the provisions of this section 51I, other than of this subsection (i), shall not apply such system or to the facilities within such system."

Amendment #193

Mr. Speliotis of Danvers moves to amend the bill (H. 4127) in Section 124 by striking, in line 2914, after the word "division" the word "may" and inserting in place thereof the following word:- "shall" ; and further in Section 124 by striking, in line 2915, after the word "division" the word "may" and inserting in place thereof the following word:- "shall"

Amendment #194

Mr. Collins of Boston moves to amend the bill (House, No. 4127), by striking lines 2857 through 2860. Mr. Collins of Boston moves to further amend the bill (House, No. 4127), in line 2861, by striking "(c)" and inserting in place thereof the following:- "(b)"

Amendment #195

Representatives Straus of Mattapoisett, Cabral of New Bedford, Sullivan of Fall River, Markey of Dartmouth move to amend the bill by adding a new section: New Section 202. (a) There shall be established a Health Care Cost Savings Commission, which shall evaluate the cost savings and effectiveness of tiered products offered by both health plans and health systems in slowing the growth in health care costs. The commission shall consist of 11 members: 1 of whom shall be the secretary of health and human services or his/her appointee; 1 of whom shall be a member of the Massachusetts Association of Health Plans; 1 of whom shall be a member of the Massachusetts Hospital Association; 1 of whom shall be a representative of a disproportionate share hospital chosen by the Governor; 1 of whom shall be a member of the Massachusetts Council of Community Hospitals; 1 of whom shall be an expert in health policy chosen by the Governor; 1 of whom shall be from the Massachusetts Association of Community Health Centers; 1 of whom shall be from the Massachusetts Medical Society; 1 of whom shall be the executive director of the Massachusetts Group Insurance Commission or his/her designee; 1 of whom shall be the Speaker of the House of Representatives or his/her designee; and 1 of whom shall be the Senate President or his/her designee. (b) The commission shall review tiered product offerings, including an analysis of all relevant utilization and cost data so as to determine the effectiveness and cost savings associated with tiered products offered by health plans and health systems. The commission's

review shall include specific findings and legislative recommendations including the following: (1) the extent to which tiered products offerings have been adopted and utilized in the marketplace; (2) the extent to which tiered product offerings have reduced health care costs for both patients and employers; (3) the effects that tiered product offerings have on patient education relating to health care costs and quality; (4) the effects that tiered product offerings have on patient utilization of local hospitals and the resulting impact on overall state health care costs; (5) opportunities to incentivize tiered product offerings for both health systems and employers. (c) In conducting its examination, the commission shall obtain and use actual health plan and health system data from the all-payer claims database. (d) The commission shall report the results of its review and its recommendations together with drafts of legislation necessary to carry out such recommendations by December 31, 2012. The report shall be provided to the chairs of the house and senate committees on ways and means, the house and senate chairs of the joint committee on health care financing, and the secretary of health and human services, and shall be posted on the appropriate state website.

Amendment #196

Mr. Collins of Boston moves to amend the bill (House, No. 4127), in line 1744, by striking "or require the health care entity to renegotiate contracts that, in the division's opinion, are contributing to exceeding the modified potential gross state product growth rate, provided, however, that the division shall not participate in such negotiations." and inserting in place thereof the following:- "."

Amendment #197

Representatives Creedon of Brockton, Canavan of Brockton, Brady of Brockton, DiNatale of Fitchburg, McMurtry of Dedham, Atkins of Concord, Dwyer of Woburn, and Sullivan of Fall River move to amend House, No. 4128 by inserting the following SECTIONS:-- "SECTION 1. Subsection (a) of section 188 of chapter 149, as appearing in the 2010 Official Edition, is hereby amended by adding the following definition:- "Exempted employer", an employer whose employees are dependents under a group health plan, as defined in 26 U.S.C. 5000(b)(1). SECTION 2. Said section 188 of said chapter 149 is hereby further amended by striking out the first sentence, as appearing in section 135 of chapter 3 of the acts of 2011, and inserting in place thereof the following sentence:- For the purpose of more equitably distributing the costs of health care provided to uninsured residents of the commonwealth, each employer that (i) employs 11 or more full-time equivalent employees in the commonwealth and (ii) is not a contributing employer nor an exempted employer shall pay a per-employee contribution at a time and in a manner prescribed by the director of unemployment assistance, in this section called the fair share employer contribution. SECTION 3. Said section 188 of said chapter 149, as appearing in the 2010 Official Edition, is hereby further amended by

adding the following subsection:- (f) Each exempted employer shall provide the department with evidence that its employees are dependents under a group health plan, as defined by 26 U.S.C. 5000(b)(1), at a time and in a manner prescribed by the director of unemployment assistance."

Amendment #198

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by striking sections 37, 38, 39, 44, 45, 46, 47, 48, 49, 51, 52, 53, 54, 56, 63, and 64. Mr. Collins of Boston moves to further amend the bill (House, No. 4127) by inserting at the end thereof the following new section:- "SECTION ___. The provisions of Section 25C of Chapter 111 of the General Laws, as proposed to be added by SECTION 54, and of Section 25E1/2 (d) of Chapter 111 of the General Laws, as proposed to be added by SECTION 55, shall not apply to the review of an application for a determination of need that is filed with the department of public health under any applicable provision of Chapter 111 of the General Laws on or before the date on which said department submits for the first time a health resource plan in accordance with Section 25E1/2 of Chapter 111 of the General Laws, as proposed to be amended by SECTION 55."

Amendment #199

Representatives Turner of Dennis, Forry of Boston, Provost of Somerville, Hunt of Sandwich, Ferguson of Holden, and Levy of Marlborough moves to amend H.4127 by adding after the definition of "employee" in lines 2948-2950 the following definition:- "Seasonal employee," A seasonal employee as defined in Chapter 151A, Section 1 And further amend the bill, in SECTION 130, by inserting after the word "section" in line 2949, the words:- "Seasonal employees and" And further amend the bill by striking the definition of "Seasonal Employee" in Section 1 of Chapter 151A and replacing it with the following:- "Seasonal Employee shall mean any employee who: (1) Is employed by any employer, whether the employer is a seasonal employer as defined in Chapter 151A, Section 1 or any other employer, in seasonal employment during a regularly recurring period or period of up to sixteen consecutive weeks in a calendar year for all such seasonal periods, as determined by the director of unemployment assistance in consultation with the employer, and (2) Has been hired for a specific temporary seasonal period as determined by the director of unemployment assistance in consultation with the employer; and (3) Has been notified in writing at the time hired, or immediately following the seasonal determination by the department, whichever is later: (A) That the individual is performing services in seasonal employment for a specified season; and (B) That the individual's employment is limited to the beginning and ending dates of the employer's seasonal period as determined by the department in consultation with the employer."

Amendment #200

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by inserting after line 2475, the following:- "(c) In carrying out the purposes of this section the executive office shall, to the maximum extent practicable, adopt policies that are consistent with those relating to similar subject matters adopted by the Office of the National Coordinator for Health Information Technology of the federal Department of Health and Human Services."

Amendment #201

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by striking lines 1751 through 1763 and inserting in place thereof the following:- "Section 49. (a) The division may conduct a market impact review under the following circumstances: (i) a corporate affiliation between a provider organization and a carrier; (ii) mergers or acquisitions of hospitals or hospital systems; or (iii) acquisition of insolvent provider organizations; provided, however, that contracting units of fewer than 10 physicians, and organizations already subject to review pursuant to 15 USC § 18A, shall not be subject to such review. The division shall initiate a market impact review by sending such provider a notice of a market impact review which shall detail the particular factors that it seeks to examine through the review. The division shall establish, by regulation, rules for conducting market impact reviews." Mr. Collins of Boston moves to further amend the bill (House, No. 4127), in line 1778, by striking the words "; and (11) any other factors that the division determines to be in the public interest"

Amendment #202

Mr. Winslow of Norfolk moves to amend House Bill 4127 by inserting at the end thereof the following sections – "Section XX. Notwithstanding any general or special law to the contrary, the board shall issue a telemedicine license to allow medical advice, diagnoses, treatments and prescriptions by physicians who hold a full and unrestricted medical license in a state other than Massachusetts. The board shall establish requirements for such licensure. Section XX. A telemedicine license shall not be issued for a period that exceeds two years. A physician may seek renewal of a telemedicine license upon application and compliance with other requirements established by the board."

Amendment #203

Mr. Collins of Boston moves to amend the bill (House, No. 4127), in line 336, by striking the word "licensed" and inserting in place thereof the following:- "registered" Mr. Collins of Boston moves to further amend the bill (House, No. 4127), in line 866, by striking the word "licensed" and inserting in place thereof the following:- "registered" Mr. Collins of Boston moves to further amend the bill (House, No. 4127), in line 2723, by striking the words "may be licensed" and inserting in place thereof the following:- "shall be registered" Mr. Collins of Boston moves to further amend the bill (House, No. 4127), by striking lines 2750 through 2920 and inserting in place thereof the following:- Section 2. (a) The division shall develop and administer a registration program for ACOs. (b) The division shall promulgate regulations to ensure the uniform reporting of the information collected under this section. Such uniform reporting shall include the following: (1) payment structure; (2) functional capabilities; (3) organizational structure; (4) use of interoperable health information technology; (5) quality measurement; (6) adequacy of reserves; (7) internal consumer protection processes; and (8) ability to provide patients with relevant prices. (c) The division shall use such information for the purposes of monitoring and analyzing the development and performance of ACOs over the period of the next 5 years with regard to cost, quality, and access. The division shall report its findings to the Joint Committee on Health Care Finance and shall make any recommendations necessary to advance the objectives of providing coordinated care and reducing costs.

Amendment #204

Representatives Ross of Attleboro and O'Connell of Taunton move to amend House Bill 4127 in SECTION 121, by striking out proposed section 54, contained in lines 1881 through 1909.

Amendment #205

Representatives Ross of Attleboro and O'Connell of Taunton move to amend House Bill 4127 by striking SECTION 120, in its entirety.

Amendment #206

Mr. Collins of Boston moves to amend the bill (House, No. 4127) by striking lines 1545 through 1549.

Amendment #207

Representative Dykema of Holliston moves that the bill be amended in Section 123, in subsection (b) of proposed section 2 of chapter 118I of the General Laws, in line 2396 by deleting the number "19" and inserting in place thereof the number "20"; And in said Section 123, in subsection (b) of proposed section 2 of chapter118I of the General Laws, in line 2401 by inserting following the words"commissioner of public health or designee;" the following words: "1 of whom shall be a registered nurse;"

Amendment #208

Representative Dykema of Holliston moves to amend House No., 4127 by inserting the following new section:- Section XX. Notwithstanding any general or special law to the contrary, there shall be established and set up on the books of the commonwealth as a separate fund to be known as the Medicaid and Health Care Reform FMAP Trust Fund. The fund shall consist of any funds that may be appropriated or transferred for deposit into the trust fund, interest earned on such revenues, and other sources. The comptroller shall deposit an amount to the fund determined by secretary of administration and finance that is equivalent to the additional funding provided by the federal government pursuant to the increased federal Medicaid assistance percentage pursuant to the Patient Protection and Affordable Care Act of 2010 and Section 1201 of the Health Care and Education Reconciliation Act of 2010. The fund shall be used for the following purposes: (1) to support the financing of health insurance coverage for low-income Massachusetts residents, including state health insurance programs and insurance offered through the commonwealth's health insurance exchange and (2) to improve Medicaid reimbursement to health care providers. The secretary of administration and finance shall administer the fund. No later than January 31 of each year, the secretary, in consultation with the executive office of health and human services, the commonwealth health insurance connector authority, healthcare providers participating in the Medicaid program, and consumer representatives, shall submit a report to the house and senate ways and means committees and the joint committee on health care financing that includes the current funding available in the fund, the funding estimated to be deposited through the end of the current and subsequent fiscal year, estimated expenditures from the fund, and recommendations for transferring such funds to other state accounts and funds in a manner consistent with the purpose of the fund.

Amendment #209

Representative Dykema of Holliston moves to amend House No., 4127 in SECTION 121, by striking out subsection 65 in lines 2205 and 2235 inclusive and inserting in place the following section:-- "Section 65. The division shall develop the uniform reporting of a standard set of health care quality measures for each health care provider facility, medical group, or provider group in the commonwealth hereinafter referred to as the "Standard Quality Measure Set." The division shall convene a statewide advisory committee which

shall recommend to the division a Standard Quality Measure Set. The statewide advisory committee shall consist of the executive director of the division or designee, who shall serve as the chair; the executive director of the group insurance commission or designee, the Medicaid director or designee; and 6 representatives of organizations to be appointed by the governor including at least 1 representative from an acute care hospital or hospital association, 1 representative from a provider group or medical association or provider association, 1 representative from a medical group, 1 representative from a private health plan, 1 representative from the Massachusetts Association of Health Plans, 1 representative from an employer association, 1 representative from a patient safety group, and 1 representative from a health care consumer group. In developing its recommendation of the Standard Quality Measure Set, the advisory committee shall, after consulting with state and national organizations that monitor and develop quality and safety measures, select from existing quality measures and shall not select quality measures that are still in development or develop its own quality measures. The committee shall annually recommend to the division any updates to the Standard Quality Measure Set by November 1. The committee may solicit for consideration and recommend other nationally recognized quality measures, including, but not limited to, recommendations from medical, safety or provider specialty groups as to appropriate quality measures for that group's specialty. At a minimum, the Standard Quality Measure Set shall consist of the following quality measures: (i) the Centers for Medicare and Medicaid Services hospital process measures, acute myocardial infarction, congestive heart failure, pneumonia and surgical infection prevention; (ii) the Hospital Consumer Assessment of Healthcare Providers and Systems survey; (iii) the Healthcare Effectiveness Data and Information Set reported as individual measures and as a weighted aggregate of the individual measures by medical or provider group; (iv) the Ambulatory Care Experiences Survey; and (v) Centers for Disease Control and Prevention of the United States Department of Health and Human Services Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. The division shall require all payers to limit their collection and utilization of health care quality measures from providers to the standard quality measure set, as developed by the division under this section."

Amendment #210

Representative Dykema of Holliston moves to amend House No., 4127 in SECTION 11, by striking out subsection d, lines 58 to 68 inclusive and inserting in place there of:-- "(d) The commissioner shall annually award not less than 75 per cent of the Prevention and Wellness Trust Fund through a competitive grant process to municipalities, community-based organizations, health care providers, regional-planning agencies, and health plans that apply for the implementation, evaluation and dissemination of evidence-based community preventive health activities. To be eligible to receive a grant under this subsection, a recipient shall be: (i) a municipality or group of municipalities working in collaboration; (ii) a community-based organization working in collaboration with 1 or more municipalities; (iii) a community-based organization working in collaboration with

a health care provider including but not limited to primary care physician offices or a health plan; (iv) a health care provider or a health plan working in collaboration with 1 or more municipalities and a community-based organization; or (v) a regional planning agency. Expenditures from the fund for such purposes shall supplement and not replace existing local, state, private or federal public health-related funding." And to amend the bill by striking out SECTION 14, lines 147to 162 inclusive, and inserting in place there of:-- "SECTION 14. Section 7A of chapter 26 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting at the end, the following paragraph:— The division shall create a model wellness guide for payers, employers and consumers. The guide shall provide the following information: 1) the importance of healthy lifestyles, disease prevention, and the benefits of care management and health promotion; 2) financial and other incentives for participating in wellness programs; 3) an explanation of the use of technology to provide wellness information and services; 4) the benefits of participating in tobacco cessation programs, weight loss programs, and complying with disease management; 5) a description of the discounts available to employees under the Affordable Care Act; 6) and 7) the ability of payers to reduce premiums by offering incentives to patients with chronic diseases or at high-risk of hospitalization to better comply with prescribed drugs and follow up care. In developing the model guide, the division shall consult with the department of public health and health care stakeholders, including, but not limited to, employers, including representatives of employers with 50 employees or more and representatives of employers with less than 50 employees, providers, both for profit and not for profit, health plans and public payers, researchers, community organizations, consumers, and government."

Amendment #211

Representative Dykema of Holliston moves to amend House No., 4127 in SECTION 121, in line 2057, by striking out the words "patients, including patient access" and inserting in place thereof the following words:- "patients including patients with disabilities whose disabilities may include but are not limited to intellectual and developmental disabilities, including patient access"

Amendment #212

Representative Barrows of Mansfield moves to amend House Bill 4127 by adding the following section:- "SECTION XX. Section 6 of chapter 176J of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by adding, at the end thereof, the following subsection:- (g) Notwithstanding any general or special law to the contrary, the commissioner shall prohibit carriers that offer health benefit plans to small businesses and eligible individuals from limiting insurance policies to exclude plans that reimburse more than 50 per cent of the plan deductible.".

Amendment #213

Mr. Conroy of Wayland moves to amend the bill, H4127, in section 67, in lines 558-567, by striking paragraphs (4), (5), and (6) of subsection (b) of section 53H and inserting in place thereof the following paragraphs:- (4) to establish, in consultation with the boards of professional licensure, a standardized electronic system for the public reporting of provider license information; and (5) to perform such other functions and duties as may be required to carry out this section.

Amendment #214

Mr. Nangle of Lowell moves to amend the bill (H. 4127) in section 97, line 1092, by inserting after the word "commonwealth", the following:- ", or a doctor of podiatric medicine licensed to practice in the commonwealth."

Amendment #215

Representatives Wolf of Cambridge, Finn of West Springfield, Hecht of Watertown, Puppolo of Springfield, Provost of Somerville, Sannicandro of Ashland, Smith of Everett, Toomey of Cambridge, Torrisi of North Andover, Walz of Boston move to amend the bill in section 96, in line 806, by inserting after the word "payment" the following: "; provided further, that said bonus to qualifying hospitals and providers shall apply to all health care services provided to medical assistance recipients including outpatient, inpatient and behavioral health services, including, but not limited to, those under primary care clinician/mental health and substance abuse plan or through a health maintenance organization under contract; and provided further that qualifying hospitals and providers that qualify for said bonus shall also be eligible for a restoration of fiscal year 2012 Medicaid rate cuts resulting from methodology changes to outpatient rates and inpatient rates, including, but not limited to, the add-on payment for the acute hospitals who serve a high relative proportion of Medicaid patient care and the outpatient payment amount per episode rate methodology and rates no less than in effect in fiscal year 2011 and from prior year cuts to graduate medical education adjustments, including, but not limited to, the training for primary care and mental health care"; And in said section in line 816, by inserting after the word "shall" the following: ", in consultation with safety net providers including high Medicaid and low-income public payer hospitals, (1) support the state's efforts to improve health, care delivery and cost-effectiveness; (2) include incentives for high quality, coordinated care, including wellness services, primary care services and behavioral health services; (3) include a risk adjustment element based on health status; (4) to the extent possible, include a risk adjustment element that takes into account functional status, socioeconomic status or cultural factors; (5) preserve the use of

intergovernmental transfer financing mechanisms by the governmental acute public hospital consistent with the Medical Assistance Trust Fund provisions in effect as of fiscal year 2012; (6) recognize the unique circumstances and reimbursement requirements of high Medicaid disproportionate share hospitals and other safety net providers with concentrated care in government programs; and (7) to the extent aligned with the Medicaid population and reimbursement requirements,"; And in said section in line 828, by striking out the following: "2013" and inserting in place thereof the following: "2014"; And in said section in line 832, by striking out the following: "2014" and inserting in place thereof the following: "2015"; And in said section in line 836, by striking out the following: "2015" and inserting in place thereof the following: "2016"; And in section 192 of the bill, in line 3814, by striking out the following: ", office of Medicaid, and the commonwealth connector authority".

Amendment #216

Representatives Hecht of Watertown, Lewis of Winchester, Khan of Newton, Kaufman of Lexington, Honan of Boston, Kulik of Worthington, Sanchez of Boston, Scibak of South Hadley, Balser of Newton, Malia of Boston, Provost of Somerville, Smizik of Brookline, Walz of Boston, Brodeur of Melrose, Cantwell of Marshfield, Sciortino of Medford, Lawn of Watertown, Andrews of Orange, Pignatelli of Lenox, Farley-Bouvier of Pittsfield, Garballey of Arlington, Fallon of Malden, Hogan of Stow, Ehrlich of Marblehead, Sannicandro of Ashland, Fresolo of Worcester, Dykema of Holliston, Atkins of Concord, Walsh of Framingham, Coppinger of Boston, Turner of Dennis, O'Day of West Boylston, Benson of Lunenburg, Mark of Hancock, Cariddi of North Adams, Swan of Springfield, Wolf of Cambridge, Fox of Boston, Mahoney of Worcester, Smith of Everett, Forry of Boston, Dwyer of Woburn, Sullivan of Fall River, Toomey of Cambridge, Aguiar of Fall River, Walsh of Boston, Peake of Provincetown, Basile of Boston, Linsky of Natick, McMurtry of Dedham, Michlewitz of Boston, and Kocot of Northampton move to amend the bill by adding the following sections:
"SECTION A. The second paragraph of section 1 of chapter 64C of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out the words 'snuff, snuff flour and any other tobacco or tobacco product prepared in such manner as to be suitable for chewing, including, but not limited to cavendish, plug, twist and fine-cut tobaccos' and inserting in place thereof the following words:– 'any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means other than smoking, or any component, part, or accessory of a tobacco product, including, but not limited to, snuff; snuff flour; cavendish; plug and twist tobacco; fine-cut and other chewing tobacco; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco, and other kinds and forms of tobacco; but does not include cigars, cigarettes, or smoking tobacco as defined in chapter 64C. "Smokeless tobacco" excludes any tobacco product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose'.

SECTION B. The definition of "smoking tobacco" in subsection (a) of section 7B of chapter 64C of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking the words 'roll-your-own tobacco and pipe tobacco and other kinds and forms of tobacco suitable for smoking' and inserting in place thereof the following words:– 'roll-your-own tobacco and pipe tobacco and other kinds and forms of tobacco, or substance that contains tobacco, suitable for smoking, and "smoking tobacco" shall additionally include tobacco leaf, tobacco sheet, or any substance containing tobacco which is suitable for rolling or wrapping tobacco or any other substance for smoking'.
SECTION C. Said section 7B of said chapter 64C of the General Laws is hereby further amended by adding the following subsection:– (m) In addition to the excise imposed by subsection (b), an excise shall be imposed on all cigars weighing more than 3 pounds per 1,000 units and not more than 12 pounds per 1,000 units held in the commonwealth at the rate of 80 per cent of the wholesale price of such product. In addition to the excise imposed by paragraph (b), an excise shall be imposed on all smoking tobacco held in the commonwealth at the rate of 90 per cent of the wholesale price of such product.
SECTION D. The final sentence of subsection (a) of section 7C of chapter 64C of the General Laws is hereby amended by striking out the words 'twenty-five per cent' and inserting in place thereof the following words:– '45 per cent'.
SECTION E. Section 7C of chapter 64C of the General Laws is hereby further amended by adding the following subsection:- (d) Any change, henceforth, to the state excise tax rate for cigarettes shall cause a commensurate adjustment in the state excise tax for all other tobacco products under chapter 64C. For purposes of this subsection (d), the term "commensurate adjustment" shall be determined by dividing the change in the state cigarette excise tax by the total cigarette excise tax prior to that change, and the resulting percentage change shall be applied to calculate the commensurate adjustment to the state excise taxes for cigars, smokeless tobacco and smoking tobacco. There shall be no negative commensurate adjustments, and the said rate for each tobacco product each shall be adjusted independently of the other such product categories under chapter 64C. The change in cigarette excise tax and commensurate adjustments shall have the same effective date.
SECTION F. Notwithstanding any general or special law to the contrary, all additional revenue resulting from the enactment of sections A, B, C, D and E of this Act, as estimated by the commissioner of revenue, shall be deposited in the Prevention and Wellness Trust Fund, as established in section 11 of the bill (as printed)."

Amendment #217

Mr. Sanchez of Boston and Mr. Rushing of Boston move to amend the bill (H.4127) by inserting the following new sections:
SECTION XX. The second paragraph of section 16 of chapter 6A of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by striking out the words "and, (7) the health facilities appeals board " and inserting after in place thereof the following words :- (7) the health facilities appeal board; and (8) the office of health equity.

SECTION XX. Section 16O of said chapter 6A, as so appearing, is hereby amended by inserting after the word, "recommendations," in line 3, the following words :- to the director of the office of health equity.
SECTION XX. Said section 16O of said chapter 6A, as so appearing, is hereby further amended by striking out, in line 15, the figure "37" and inserting in place thereof the following figure :- 38.
SECTION XX. Said section 16O of said chapter 6A, as so appearing, is hereby further amended by inserting after the word " officio ", in line 19, the following words :- ; the director of the office of health equity, or the director's designee.
SECTION XX. Said chapter 6A is hereby amended by inserting after section 16S the following section: — Section 16T. There shall be an office of health equity within the executive office of health and human services. The office shall be in the charge of a director, who shall report directly to the secretary of health and human services. The health disparities council, described in section 16O, shall serve as an advisory board to the office of health equity.
SECTION XX. The General Laws are hereby amended by inserting after chapter 111N the following chapter:– CHAPTER 111O . OFFICE OF HEALTH EQUITY. Section 1. As used in this chapter the following words shall, unless the context clearly requires otherwise, have the following meanings: – "Disparities" or "Racial and ethnic health and health care disparities", differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific racial and ethnic groups. "Office", the office of health equity, as established by section 16T of chapter 6A. Section 2. The office, subject to appropriation, shall coordinate all activities of the commonwealth to eliminate racial and ethnic health and health care disparities. The office shall set goals for the reduction of disparities and prepare an annual plan for the commonwealth to eliminate disparities. Section 3. The office, subject to appropriation, shall collaborate with other state agencies of the commonwealth on disparities reduction initiatives to address the social factors that influence health inequality. These state agencies shall include, but shall not be limited to, the executive office of health and human services, the executive office of housing and economic development, the executive office of public safety and security, the executive office of energy and environmental affairs, the Massachusetts Department of Transportation, the executive office of labor and workforce development and the executive office of education. The office shall facilitate communication and partnership between these agencies to develop greater understanding of the intersections between agency activities and health outcomes. The office shall facilitate development of interagency initiatives to address the social and economic determinants of health and key health disparities issues including, but not limited to, healthcare access and quality; housing availability and quality; transportation availability, location and cost; community policing and safe spaces; air, water, land usage and quality; employment and workforce development; and education access and quality. Section 4. The office, subject to appropriation, shall evaluate the effectiveness of programs and interventions to eliminate health disparities, identifying best practices and model programs for the state. Section 5. The secretary of health and human services shall annually, on the day assigned for submission of the budget to the general court under section 7H of chapter 29, designate major initiatives of the commonwealth affecting the health and health care of residents of the commonwealth. These initiatives may include

any activity of the commonwealth including, but not limited to, activities of the executive office of health and human services, the executive office of housing and economic development, the executive office of public safety and security, the executive office of energy and environmental affairs, the Massachusetts Department of Transportation, the executive office of labor and workforce development and the executive office of education. For each major initiative, the office shall prepare a disparities impact statement evaluating the likely positive or negative impact of each initiative on eliminating or reducing racial and ethnic health disparities. The statements shall, to the extent possible, include quantifiable impacts and evaluation benchmarks. The statements shall be posted on the official internet site of the executive office of health and human services and submitted to the clerks of the house of representatives and senate, members of the health disparities council, appropriate legislative committees and the house and senate committees on ways and means. Section 6. The office, subject to appropriation, shall prepare an annual health disparities report card. The report card shall evaluate the progress of the commonwealth toward eliminating racial and ethnic health disparities, using, where possible, quantifiable measures and comparative benchmarks. The report card shall report on progress on a regional basis, based on regions designated by the office. The office shall hold public hearings in several regions of the state to get public information on the topics of the report card. The report card shall be delivered to the governor, speaker of the house of representatives and president of the senate and the members of the health disparities council, established under section 16O of chapter 6A, before July 1 of each year and shall be posted on the official internet site of the office or executive office of health and human services. SECTION 8. Section 16K of Chapter 6A of the General Laws, as so appearing, is hereby amended by striking out, in subsection (h), as amended by section 3 of chapter 288 of the acts of 2010, the third sentence and inserting in place thereof the following sentence:- The council shall also establish goals that are intended to reduce health care disparities in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.

Amendment #218

Mr. Sanchez of Boston and Mr. Rushing of Boston move to amend the bill (H.4127) by inserting the following new section:- SECTION XX. Chapter 111N of the General Laws is hereby amended by adding the following section:– Section 7. (a) The office shall, subject to appropriation, administer a community-based agency disparities reduction grant program. The grants shall support efforts by community-based agencies to eliminate racial and ethnic health disparities among predominantly underserved populations, including efforts addressing social factors integral to such disparities. Grants shall be awarded following a competitive application process. In awarding grants, the office shall give priority to programs replicable by other community-based agencies. Grants shall be provided to a broad range of agencies that support diverse communities throughout the state. No community-based agency may receive more than one grant concurrently. All grants shall include an evaluation component. (b) The program shall

provide grants to community-based agencies and non-profit community organizations to address key disparities issues including but not limited to: the social and economic barriers that impact health outcomes, the development of a diverse healthcare workforce across wide range of healthcare professions, increasing the access, utilization and quality of healthcare services, and supporting community health workers to facilitate the use of health and human services (c) For the purposes of this section, a "community-based agency" shall include agencies that provide direct services, education, or support to underserved populations, including community health centers and hospitals, social service organizations, community nonprofit organizations, educational institutions, faith based organizations and other non-governmental agencies and other organizations as defined by the office.

Amendment #219

Mr. Sanchez of Boston, Mr. Rushing of Boston, and Mr. Smizik of Brookline move to amend the bill (House, No. 4127), in section 121, by inserting in line 1544, after the word "factors.", the following paragraph: "(e) Any alternative payment methodology shall include the use of payment incentives that improve quality and care coordination, including, but not limited to, incentives to reduce avoidable hospitalizations, avoidable readmissions, adverse events and unnecessary emergency room visits; incentives to reduce racial, ethnic and linguistic health disparities in the patient population; and in all cases ensuring that alternative payment methodologies do not create any incentive to deny or limit medically necessary care, especially for patients with high risk factors or multiple health conditions."

Amendment #220

Mr. Sanchez of Boston, Mr. Rushing of Boston and Mr. Smizik of Brookline move to amend the bill (House, No. 4127) in section 121, in proposed subsection (a) of proposed section 51 of chapter 118G of the General Laws, by striking clause (iii) and inserting in place thereof the following clause: (iii) Establish procedures for payers to disclose patient-level data including, but not limited to, health care service utilization; medical expenses; demographics, including, if available, patient race, ethnicity and preferred language; and where services are being provided, to all providers in their network, provided that data shall be limited to patients treated by that provider, so as to aid providers in managing the care of their own patient panel; and by inserting in line 2235 after the words "Ambulatory Care Experiences Survey.", the following sentence:-- "The Committee shall determine the measures in the Standard Quality Measure Set for which it is appropriate for payers to stratify collected data by patient race, ethnicity and preferred language in order to identify disparities in care."

Amendment #221

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127), in section 121, by inserting in line 2235 after the words "Ambulatory Care Experiences Survey.", the following sentences:-- " The Standard Quality Measure Set shall include outcome measures. The Committee shall review additional appropriate outcome measures as they are developed."

Amendment #222

Mr. Finn of West Springfield moves to amend the bill (House, No 4127) in section 121 by striking out proposed subsections (a) and (d) of section 49 of chapter 118 of the General Laws and inserting in place thereof the following 4 subsections:- Section 49. (a) Every provider shall be subject to market impact review by the division, provided, however, that contracting units of fewer than 10 physicians shall not be subject to such review. The division shall establish, by regulation, rules for conducting market impact reviews. Such rules shall define primary service areas and dispersed service areas based on the geographic capacity of major service categories. The division shall conduct a market impact review for a provider when the division determines that market impact review is in the public interest. The division shall conduct a market impact review for any provider whose market concentration in primary or dispersed service areas exceeds the antitrust safety zone as set forth in Federal Trade Commission and Department of Justice Antitrust Division in the final policy statement of antitrust enforcement policy regarding ACOs participating in the Medicare shared savings program, 42 CFR 425. The division shall initiate a market impact review by sending such provider a notice of a market impact review which shall detail the particular factors that it seeks to examine through the review. (b) A market impact review may examine factors including, but not limited to: (1) the provider's size and market share by major service category within its primary service areas and dispersed service areas; (2) provider price, including its relative prices filed with the division of insurance pursuant to chapter 176S; (3) provider quality, including patient experience; (4) the availability and accessibility of services similar to those provided, or proposed to be provided, through the organization within its primary service areas and dispersed service areas; (5) the provider's impact on competing options for the delivery of health care services within its primary service areas and dispersed service areas; including if not applicable , the impact on existing service providers of a provider organization's expansion, affiliation, merger or acquisition, to enter a primary or dispersed service area in which it did not previously operate; (6) the methods used by the organization to attract patient volume and to recruit or acquire health care professionals or facilities; (7) the role of the provider in serving at-risk, underserved and government payer patient populations within its primary service areas and dispersed service areas; (8) the role of the provider in providing low margin or negative margin services within its primary service areas and dispersed service areas; (9) the financial solvency of the provider; (10) consumer concerns, including but not limited to complaints or other allegations that the provider has engaged in any unfair method of competition or any

unfair or deceptive act or practice; and (11) any other factors that the division determines to be in the public interest. (c) The department of public health shall submit information to the division regarding any proposed projects, mergers or acquisitions that will result in a substantial capital expenditure or substantial change in services under determination of need with respect to a provider. (d) If, after completing a market impact review, the division determines that a substantial capital expenditure or substantial change in services has resulted or would result in any unfair method of competition, any unfair or deceptive act or practice, as defined in chapter 93A, or determines that a proposed project, merger or acquisition will result in a material change under determination of need that would result in any unfair method of competition, or any unfair or deceptive act or practice, the division shall refer its findings, together with any supporting documents, data or information to the attorney general for further review and action. The division shall require the provider organization to submit, within 60 days, to the division and the attorney general, a written response to the division's findings.

Amendment #223

Mr. Sanchez of Boston moves to amend the bill (H.4127) by inserting the following new sections: SECTION XX. Section 18 of chapter 15A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by adding to the end of the first paragraph, in line 12, the following words:- , including the commonwealth care health insurance program under chapter 176Q. SECTION XX. Section 1 of chapter 111M of the General Laws, as so appearing, is hereby amended by striking out the words "and (l)", in line 21, and inserting in place thereof the following words:- (l) the commonwealth care health insurance program under chapter 176Q for such health care enrollees who are enrolled in a post-secondary program and qualify for a student health insurance program, under section 18 of chapter 15A, if such students were enrolled in the commonwealth care health insurance program on or before the first day of such full-time, post-secondary program; and (m). SECTION XX. Section 3 of chapter 118H of the General Laws, as so appearing, is hereby amended by inserting after subsection (b) the following subsection:- (c) An individual eligible to participate in the program under subsection (a) on or before the first day of a full-time, post-secondary program shall be allowed to continue on the program even when qualifying for a student health insurance program, required by section 18 of chapter 15A, if they so choose.

Amendment #224

Representatives Hogan of Stow, Smizik of Brookline, McMurtry of Dedham, and Levy of Marlborough move to amend the bill by adding the following section: "SECTION X: Section 28 of Chapter 118E of the General Laws is hereby amended by inserting at the end thereof the following sections: In accordance with P.L. 109-171 amending Section 1917(c)(2)(D) of the Social Security Act, the division shall establish criteria and

procedures for determining whether undue hardship exists as a result of the imposition of a period of ineligibility, which shall include written notice to said individual that an undue hardship waiver shall be granted and an opportunity to appeal. An individual shall have no fewer than 30 days after the date of the final decision including court appeals to impose a period of ineligibility to request an undue hardship waiver. There shall be a rebuttable presumption that an institutionalized individual is eligible for an undue hardship waiver if the individual provides documentation that all of the following criteria are met: 1) the individual has insufficient available resources (excluding the community spouse resource allowance) to provide medical care, food, shelter, clothing and other necessities of life such that the individual would be at risk of serious deprivation or harm; 2) the individual has made reasonable attempts to retrieve the transferred resources or receives adequate compensation. Reasonable attempts shall not include the filing of frivolous lawsuits; 3) there is no available lest costly alternative to institutional care that would meet the individual's care needs; and 4) the period of ineligibility will not be a mere inconvenience to the applicant but rather will create a situation that would subject the applicant to risk of serious deprivation. A nursing facility does not have to express an intent to discharge the individual for nonpayment in order for a hardship waiver to be granted. The division shall promulgate regulations incorporating these criteria for consideration of an undue hardship waiver request."

Amendment #225

Mr. Sanchez of Boston moves to amend the bill by inserting the following 2 sections:- "SECTION 202. Chapter 175 of the General Laws is hereby amended by inserting after section 47AA, the following section: Section 47BB. For the purposes of this section, "telemedicine" as it pertains to the delivery of health care services, means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. "Telemedicine" shall not include the use of audio-only telephone, facsimile machine or e-mail. An insurer may limit coverage of telemedicine services to those health care providers in a telemedicine network approved by the insurer. A contract that provides coverage for services under this section may contain a provision for a deductible, copayment or coinsurance requirement for a health care service provided through telemedicine as long as the deductible, copayment or coinsurance does not exceed the deductible, copayment or coinsurance applicable to an in-person consultation. Coverage for health care services under this section shall be consistent with coverage for health care services provided through in-person consultation." SECTION 203. The requirements of section 47BB of chapter 175 of the General Laws shall apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2013. For purposes of that section, all contracts shall be deemed to be renewed not later than the next yearly anniversary of the contract date."

Amendment #226

Mr. Conroy of Wayland moves to amend the bill in SECTION 121 by inserting, in line 1625, after "2012" the following sentence: "The statewide medical spend benchmark shall not be used by any party in any other setting, including but not limited to any proceeding arising out of the review by the division of insurance of any carrier's insured rates, which are and shall be subject to disapproval if excessive, discriminatory, or unreasonable in relation to the benefits provided."

Amendment #227

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by inserting the following new section: SECTION XX. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after section 224 the following section:-
Section 225. (1) The department shall implement a provider vaccine brand choice program as part of the commonwealth's universal immunization program pursuant to section 24I of chapter 111; the the vaccines for children program operated by the department under the authority of 42 U.S.C. §1396s; and in any other existing or future immunization program for children or adults administered through the state using local, state or federal funds. The vaccine brand choice program shall allow all healthcare providers participating in the state's immunization programs to select any vaccine licensed by the federal Food and Drug Administration, including any combination vaccine and dosage form, that is (A) recommended by the National Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, and (B) made available to the Department of Public Health by the National Centers for Disease Control and Prevention. (2) This section shall not apply in the event of a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency. The Department of Public Health shall implement all or part of the provider choice system as soon as it is determined to be feasible, provided, however, that the department shall complete full implementation of the system not later than July 1, 2013.

Amendment #228

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) in section 66, by striking out, in line 521, the words "new section" and inserting in place thereof the following words:- "2 new sections"; and by further amending section 66 by adding at the end thereof the following:- Section 51J. As used in this section the following words shall, unless the context clearly requires otherwise, have the following meanings:- "Adverse Event", injury to a patient resulting from a medical intervention, and not to the underlying condition of the patient. "Checklist of Care", pre-determined steps to be followed by a team of healthcare providers before, during, and after a given procedure to decrease the possibility of patient harm by standardizing care. "Facility," a hospital,

institution maintaining an Intensive Care Unit, institution providing surgical services, or clinic providing ambulatory surgery. The department shall encourage the development and implementation of checklists of care that prevent adverse events and reduce healthcare-associated infection rates. The department shall develop model checklists of care, which may be implemented by facilities; provided however, facilities may develop and implement checklists independently. Facilities shall report data and information relative to their use or non-use of checklists to the department and the Betsy Lehman Center for Patient Safety and Medical Error Reduction. Reports shall be made in the manner and form established by the department.

Amendment #229

Mr. Sanchez of Boston moves to amend the bill by (House, No. 4127) by inserting the following 2 new sections:- SECTION XX. Subsection (a) of section 51H of chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after the definition of "Healthcare-associated infection" the following definition:- "Multi-drug resistant organism", microorganisms, predominantly bacteria, that have developed resistance to antimicrobial drugs. SECTION XX. Section 51H of chapter 111, as so appearing, is hereby amended by adding at the end thereof the following subsection:– (e) The department shall encourage the development and implementation of screening and precautionary procedures that reduce infection rates for multidrug-resistant organisms (MDRO), including but not limited to Methicillin-Resistant Staphylococcus Aureus (MRSA), vancomycin-resistant enterococci (VRE), and certain gram-negative bacilli (GNB). The department shall develop model MDRO screening and precautionary procedures for high-risk patients, as defined by the department, which may be implemented by facilities; provided however, that facilities may develop and implement MDRO screening and precautionary procedures independently. The department definition of high-risk patients may include the following: (i) the patient has documented medical conditions making them more susceptible to infection and is scheduled for an inpatient surgery. (ii) the patient has been documented as having been previously discharged from a general acute hospital within the past 30 days prior to the current hospital admission. (iii) the patient is being admitted to either an intensive care unit or a burn unit at the healthcare facility. (iv) the patient receives inpatient dialysis treatment. (v) the patient is being transferred from a nursing facility. Facilities shall report on their use or non-use of MDRO screening and precautionary procedures to the department and the Betsy Lehman Center for Patient Safety and Medical Error Reduction. Reports shall be made in the manner and form established by the department.

Amendment #230

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by adding the following section:- SECTION XX. Section 5 of Chapter 112 of the General Laws is hereby amended by striking out paragraphs 6 through 8, inclusive, and inserting in place thereof the following four paragraphs: - The board shall collect the following information reported to it to create individual profiles on licensees and former licensees, in a format created by the board that shall be available for dissemination to the public: (a) a description of any criminal convictions for felonies and serious misdemeanors as determined by the board. For the purposes of this subsection, a person shall be deemed to be convicted of a crime if he pleaded guilty or if he was found or adjudged guilty by a court of competent jurisdiction; (b) a description of any charges for felonies and serious misdemeanors as determined by the board to which a physician pleads nolo contendere or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction; (c) a description of any final board disciplinary actions; (d) a description of any final disciplinary actions by licensing boards in other states; (e) a description of revocation or involuntary restriction of privileges by a hospital, clinic or nursing home under the provisions of chapter 111, or of any employer who employs physicians licensed by the board for the purpose of engaging in the practice of medicine in the commonwealth, for reasons related to competence or character that have been taken by the governing body or any other official of the hospital, clinic or nursing home or employer who employs physicians licensed by the board for the purpose of engaging in the practice of medicine in the commonwealth after procedural due process has been afforded, or the resignation from or nonrenewal of medical staff membership or the restriction of privileges at a hospital, clinic or nursing home or employer who employs physicians licensed by the board for the purpose of engaging in the practice of medicine in the commonwealth taken in lieu of or in settlement of a pending disciplinary case related to competence or character in that hospital, clinic or nursing home or of any employer who employs physicians licensed by the board for the purpose of engaging in the practice of medicine or employer who employs physicians licensed by the board for the purpose of engaging in the practice of medicine in the commonwealth ; (f) all medical malpractice court judgments and all medical malpractice arbitration awards in which a payment is awarded to a complaining party and all settlements of medical malpractice claims in which a payment is made to a complaining party. Dispositions of paid claims shall be reported in a minimum of three graduated categories indicating the level of significance of the award or settlement. Information concerning paid medical malpractice claims shall be put in context by comparing an individual licensee's medical malpractice judgment awards and settlements to the experience of other physicians within the same specialty. Information concerning all settlements shall be accompanied by the following statement: "Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred." Nothing herein shall be construed to limit or prevent the board from providing further explanatory information regarding the significance of categories in which settlements are reported. Pending malpractice claims shall not be disclosed by the board to the public. Nothing herein shall be construed to prevent the board from investigating and disciplining a licensee on the basis of medical malpractice claims that are pending. (g) names of medical schools and

dates of graduation; (h) graduate medical education; (i) specialty board certification; (j) number of years in practice; (k) names of the hospitals where the licensee has privileges; (l) appointments to medical school faculties and indication as to whether a licensee has a responsibility for graduate medical education within the most recent ten years; (m) information regarding publications in peer-reviewed medical literature within the most recent ten years; (n) information regarding professional or community service activities and awards; (o) the location of the licensee's primary practice setting; (p) the identification of any translating services that may be available at the licensee's primary practice location; (q) an indication of whether the licensee participates in the medicaid program. The board shall provide individual licensees with a copy of their profiles prior to release to the public. A licensee shall be provided a reasonable time to correct factual inaccuracies that appear in such profile A physician may elect to have his profile omit certain information provided pursuant to clauses (l) to (n), inclusive, concerning academic appointments and teaching responsibilities, publication in peer-reviewed journals and professional and community service awards. In collecting information for such profiles and in disseminating the same, the board shall inform physicians that they may choose not to provide such information required pursuant to said clause (l) to (n), inclusive. For physicians who are no longer licensed by the board, the board shall continue to make available the profiles of such physicians, except for those who are known by the board to be deceased. The board shall maintain the information contained in the profiles of physicians no longer licensed by the board as of the date the physician was last licensed, and include on the profile a notice that the information is current only to that date.

Amendment #231

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127), in Section 17, by inserting in line 177 after the word "medical" the following words:- "physician assistant"; and further, in section 121, in proposed subsection (a) of proposed section 60 of chapter 118G of the General Laws by inserting, in line 2097, after the words "are graduates of medical", the following words:- "physician assistant".

Amendment #232

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by inserting the following new sections:-
SECTION XX. Section 2 of chapter 32A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after paragraph (h) the following paragraph:- (h 1/2) "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope

of practice.
SECTION XX. Section 22 of said chapter 32A, as so appearing, is hereby amended by striking out, in line 36, the word "physician" and inserting in place thereof the following word:- provider.
SECTION XX. Section 1 of chapter 175 of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Net value of policies" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.
SECTION XX. Section 47B of said chapter 175, as so appearing, is hereby amended by striking out, in line 46, the word "physician" and inserting in place thereof the following word:- provider.
SECTION XX. Section 8A of chapter 176A of the General Laws, as so appearing, is hereby amended by striking out, in line 41, the word "physician" and inserting in place thereof the following word:- provider.
SECTION XX. Subsection (c) of said section 8A of chapter 176A, as so appearing, is hereby amended by adding the following paragraph:- For the purposes of this subsection, the term "primary care provider" shall mean a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.
SECTION XX. Section 1 of chapter 176B of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Participating optometrist" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.
SECTION XX. Section 4A of said chapter 176B, as so appearing, is hereby amended by striking out, in line 43, the word "physician" and inserting in place thereof the following word:- provider.
SECTION XX. Section 1 of chapter 176G of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Person" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.
SECTION XX. Section 4M of said chapter 176G, as so appearing, is hereby amended by striking out, in line 40, the word "physician" and inserting in place thereof the following word:- provider.

Amendment #233

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by adding the following new sections:-

SECTION XX. Section 8 of chapter 118E of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after paragraph (e). the following paragraph:- (e1/2). "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

SECTION XX. Section 17A of said chapter 118E, as so appearing, is hereby amended by striking out, in lines 60 and 62, the word "physician" and inserting in place thereof the following word in each instance:- provider.

SECTION XX. Section 1 of chapter 175 of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Net value of policies" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

SECTION XX. Section 47U of said chapter 175, as so appearing, is hereby amended by striking out, in lines 62 and 64, the word "physician" and inserting in place thereof the following word in each instance:- provider.

SECTION XX. Paragraph (a) of section 8U of chapter 176A, as so appearing, is hereby amended by inserting after the definition of "Insured" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

SECTION XX. Section 8U of said chapter 176A, as so appearing, is hereby amended by striking out, in lines 64 and 66, the word "physician" and inserting in place thereof the following word in each instance:- provider.

SECTION XX. Section 1 of chapter 176B of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Participating optometrist" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

SECTION XX. Section 4U of said chapter 176B, as so appearing, is hereby amended by striking out, in lines 64 and 66, the word "physician" and inserting in place thereof the following word in each instance:- provider.

SECTION XX. Section 1 of chapter 176G of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Person" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.

SECTION XX. Section 5 of said chapter 176G, as so appearing, is hereby amended by striking out, in lines 59 and 61, the word "physician" and inserting in place thereof the following word in each instance:- provider.
SECTION XX. Section 20 of said chapter 176O, as so appearing, is hereby amended by striking out, in lines 19 and 22, the words "care physician" and inserting in place thereof the following words in each instance:- care provider.

Amendment #234

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by inserting the following new sections:- SECTION XX. Section 1 of chapter 111 of the General Laws, as appearing in the 2010 official edition, is hereby amended by inserting after the definition of "Nuclear reactor" the following definition:- "Primary care provider", a health care professional qualified to provide general medical care for common health care problems who; (1) supervises, coordinates, prescribes, or otherwise provides or proposes health care services; (2) initiates referrals for specialist care; and (3) maintains continuity of care within the scope of practice.
SECTION XX. Section 67F of said chapter 111, as so appearing, is hereby amended by striking out, in lines 15 and 19, the word "physician" and inserting in place thereof the following word in each instance:- provider.

Amendment #235

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127), in section 169, in proposed section 15 of Chapter 176O, by striking out subsection (d) and inserting in place thereof the following subsection:- (d) A carrier shall provide coverage for health services for up to 30 days from the effective date of coverage to a new insured by a provider who is not a participating provider in the carrier's network if: (1) the insured's employer only offers the insured a choice of carriers in which said provider is not a participating provider, and (2) said provider is providing the insured with an ongoing course of treatment or is the insured's primary care provider. With respect to an insured in her second or third trimester of pregnancy, this provision shall apply to services rendered through the first postpartum visit. With respect to an insured with a terminal illness, this provision shall apply to services rendered until death.

Amendment #236

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by inserting, in line 2577, after the words "extension center," the following sentence:- "And provided further that the Massachusetts Health Information Technology Fund shall make available to the

Boston Visiting Nurses Association, in fiscal year 2013, $1,000,000 for the purpose of enhancing their electronic health records system and provided further that the Boston Visiting Nurse Association shall provide $2,000,000 in matching funds for said purpose over the life of the project."

Amendment #237

Mr. Sanchez of Boston moves to amend the bill (House, No. 4127) by adding the following new section:- SECTION XX. Section 7 of chapter 176O of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out, in line 48, the word "physician" and inserting in place thereof the following word:- provider.

Amendment #238

Mr. Sanchez of Boston moves to amend the bill (H. 4127) in Section 12 by striking out, in lines 136 to 138, subsection (b) in its entirety and inserting in place thereof the following words:- "(b) The attorney general shall, in consultation with the division of health care cost and quality, take appropriate action within existing statutory authority to: (i) prevent excess consolidation or collusion of provider organizations and to remedy these or other related anti-competitive dynamics in the health care market; (ii) prevent unreasonable increases in health care rates, charges, medical expenses or prices; and (iii) prevent or mitigate adverse effects on patient access and quality in the health care market."

Amendment #239

Representatives Hogan of Stow and Benson of Lunenburg move to amend the bill in Section 124, after line 2920, by inserting the following section: "Section X: Provided further that, in order to be eligible to apply for Medicare certification and to bill MassHealth for home health services, any new applicant seeking to provide home health services must submit to a Certificate of Need (CON) review established by the Massachusetts Department of Public Health and assessed by an independent board appointed by the Governor, General Court, the Secretary of Health and Human Services, and the Home Care Alliance of Massachusetts. To obtain a CON, an application must be filed with said independent board in which the applicant demonstrates the need for or prove the cost efficiency of a new agency. The applicant must present to the department and board both evidence of unmet need and how the proposed agency would fit into the comprehensive health care delivery system of the service area. This application requirement shall not apply to Medicare-certified home health agencies providing care as of July 1, 2012."

Amendment #240

Mr. Conroy of Wayland moves to amend the bill in SECTION 121 by striking, in line 2185, the words "commissioner of insurance" and inserting in place thereof the word "division."

Amendment #241

Ms. Khan of Newton moves to amend the bill H. 4127, in section 123, by inserting in line 2711 at the end of the paragraph and following the period, the following: "In addition, the division shall advance the dissemination of innovative technologies, including, but not limited to, those technologies that would allow diagnostic imaging exams to be seamlessly processed and transferred electronically through means that may include, but shall not be limited to, cloud-based technologies."

Amendment #242

Representative Garballey of Arlington moves to amend the bill in SECTION 156 by adding after the words "Blue Cross Blue Shield of Massachusetts" the words "and the Massachusetts AFL-CIO."

Amendment #243

Mr. Garballey of Arlington moves to amend the bill by adding the following section: - "SECTION XX. Section 23 of chapter 32A of the General Laws, as appearing in the 2000 Official Edition, is hereby amended by adding the following paragraph:- The commission shall provide to any minor 21 years of age or younger who is the child of an active or retired employee of the commonwealth and who is insured under the group insurance commission coverage for the full cost of one (1) hearing aid per hearing-impaired ear up to two thousand dollars ($2,000) for each hearing aid, as defined in section 196 of chapter 112, every 36 months upon a written statement from such minor's treating physician that the hearing aids are medically necessary. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in that section, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two thousand dollar ($2,000) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in

this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit the commission from offering greater coverage for hearing aids than that required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 2. Section 47U of chapter 175 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:- Any policy of accident and sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth; or any employees' health and welfare fund which provides hospital expense and surgical expense benefits and which is delivered, issued or renewed to any person or group of persons in the commonwealth, shall provide coverage for any minor child 21 years of age or younger, who is insured under the policy or fund, for the full cost of one (1) hearing aid per hearing impaired ear up to two thousand dollars ($2,000) for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from such minor's treating physician that the hearing aids are medically necessary. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in that section, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two thousand dollar ($2,000) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than that required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 3. Section 8U of chapter 176A of the General Laws, as so appearing, is hereby amended by adding the following paragraph:- Any contracts, except contracts providing supplemental coverage to Medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for their minor children 21 years of age or younger, who are insured under such contracts or plans, for the full cost of one (1) hearing aid per hearing impaired ear up to two thousand dollars ($2,000) for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from such minor's treating physician that the hearing aids are medically necessary. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in that section, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds. The insured may choose a higher priced hearing aid and

may pay the difference in cost above the two thousand dollar ($2,000) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for hearing aids than that required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 4. Section 4U of chapter 176B of the General Laws, as so appearing, is hereby amended by adding the following paragraph:- Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth, coverage for their minor children 21 years of age or younger, who are insured under such certificates or agreements, for the full cost of one (1) hearing aid per hearing impaired ear up to two thousand dollars ($2,000) for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from such minor's treating physician that the hearing aids are medically necessary. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in that section, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two thousand dollar ($2,000) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than that required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 5. The first section 4N of chapter 176G of the General Laws, as so appearing, is hereby amended by adding the following paragraph:- An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage and benefits forminors 21 years of age or younger, who are insured under such contracts, for expenses incurred for the full cost of one (1) hearing aid per hearing impaired ear up to two thousand dollars ($2,000) for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from such minor's treating physician that the hearing aids are medically necessary. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in that section, including the initial hearing aid evaluation, fitting and adjustments, and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the two thousand dollar ($2,000) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage

for hearing aids than that required by this section. This section shall also require coverage for such hearing aids under any non-group policy."

Amendment #244

Representative Garballey of Arlington moves to amend the bill in SECTION 162 Section 2A(a) by adding after the words "and a representative of the department of public health" in line 3298 the words "and a representative of a labor organization selected from a list of 3 names submitted by the President the Massachusetts AFL-CIO."

Amendment #245

Representative Garballey of Arlington moves to amend the bill in SECTION 162 Section 2B(f) by adding after the words "and a representative of the department of public health" in line 3376 the words "and a representative of a labor organization selected from a list of three names submitted by the President the Massachusetts AFL-CIO."

Amendment #246

Representative Garballey of Arlington moves to amend the bill in SECTION 121 Section 65 by striking "6" in line 2211 and replacing with "7" and adding after the words "and 1 representative from a health care consumer group" the words "and 1 of whom shall be a member of a labor organization selected from a list of 3 names submitted by the President of the Massachusetts AFL-CIO."

Amendment #247

Mr. Garballey of Arlington moves to amend the bill in Section 123, line 2396, by striking the number "19" and replacing it with the following number:- "20"; and further, in Section 29, line 2406, by inserting after the words "small physician group practice;" the following:- "1 shall be a non-physician health care provider from an independent practice;"

Amendment #248

Mr. Garballey of Arlington moves to amend the bill by adding the following section: - "SECTION XX. Chapter 175 of the General Laws is hereby amended by inserting after section 47Z the following section:- Section 47AA. Any individual policy of accident and sickness insurance issued pursuant to section 108 and any group blanket policy of accident and sickness insurance issued pursuant to section 110 shall provide coverage and reimbursement for prescription amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic gastrointestinal disorders and (ii) short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid-based elemental formula is medically necessary."

Amendment #249

MR. ATSALIS of WEST HYANNISPORT moves to amend the bill (House 4127) by adding the following section: "SECTION XX. "Notwithstanding the provisions of any general or special law or regulation to the contrary, the provisions of Section 25E ½ of Chapter 111 of the General Laws, as proposed to be added by SECTION 55, shall not apply to the review of an application for a determination of need that is filed with the department of public health under any applicable provision of Chapter 111 of the General Laws on or before the later of (a) December 31, 2013, or (b) the date on which said department submits for the first time a state health plan in accordance with Section 25E ½ of Chapter 111 of the General Laws, as proposed to be amended by SECTION 55."

Amendment #250

MR. ATSALIS of WEST HYANNISPORT moves to amend House Bill 4127 by removing the definition of "Sole community provider" that starts at line 1158 and replacing it with the following paragraph: "Sole community provider", any acute hospital which qualifies as a sole community provider under Medicare regulations or under regulations promulgated by the executive office, which regulations shall consider factors including, but not limited to, isolated location, weather conditions, travel conditions, percentage of Medicare, Medicaid and free care provided and the absence of other reasonably accessible hospitals in the area; provided, that such hospitals shall include those which are located more than 20 miles driving distance from other such hospitals in the commonwealth and which provide services for at least 60 per cent of their primary service area.

Amendment #251

Mr. Walsh of Lynn moves to amend the bill, H 4127, in section 97, line 1051 by inserting after the word "year" the following words:- "as further defined by the division in regulation" Further moves to amend in section 120, line 1447 by striking the word "and" and inserting in place thereof the following word:- "or" Further moves to amend in section 121, line 1619, by inserting after the word "statewide" the following words:- "per capita"; Further moves to amend in section 121, line 1620, by inserting after the word "statewide" the following words:- "per capita"; Further moves to amend in section 121, line 1623, by inserting after the word "statewide" the following words:- "per capita"; Further moves to amend in section 121, line 1627, by inserting before the word "potential" the following word:- "projected"; Further moves to amend in section 121, line 1629, by inserting before the word "potential" the following word:- "projected"; Further moves to amend in section 121, line 1635, by inserting after the word "regional" the following words:- "per capita"; Further moves to amend in section 121, line 1638, by inserting at the end the following sentence:- "The total of the regional per capita medical spend benchmark, in all years, shall equal the statewide per capita medical spend benchmark calculated pursuant to section (b)." Further moves to amend in section 121, line 1646, by inserting after the word "regional" the following words:- "per capita"; Further moves to amend in section 121, line 1649, by inserting after the word "regional" the following words:- "per capita"; Further moves to amend in section 121, line 1664, by inserting after the word "regional" the following words:- "per capita"; Further moves to amend in section 121, line 1818 by inserting after the words "division shall" the following words:- "annually report on or" Further moves to amend in section 121, line 1820 by inserting after the word "The" the following words:- "report or" Further moves to amend in section 121, line 1923 by striking out the words ", subject to chapter 30B," Further moves to amend in section 121, line 1938 by striking the word "council" and inserting in place thereof the following word:- "division" Further moves to amend in section 121, line 1942 by striking the word "council" and inserting in place thereof the following word:- "division" Further moves to amend in section 121, line 1943 by striking the word "council" and inserting in place thereof the following word:- "division" Further moves to amend in section 121, line 2185, by striking out the words "commissioner of insurance" and inserting place thereof the following word:- "division"; Further moves to amend in section 123, lines 2437-2438 by striking the words "the MassHealth electronic health records incentive program; and" and inserting in place thereof the following words:-"fulfill its current and any future contract obligations with the Office of Medicaid to administer specific operational components of the MassHealth electronic health records incentive program; and" Further moves to amend in section 123, line 2575 by striking the word "contact" and inserting in place thereof the following word:- "contract" Further moves to amend in section 130, line 2944 by striking out the words "division of health care cost and quality" and inserting in place thereof the following:- "authority"; And further moves to amend the bill by inserting at the end the following section:- SECTION XX. Notwithstanding any general or special law or rule or regulation to the contrary, all orders, rules and regulations duly made and all approvals duly granted by the transferor agency, the division of health care finance and policy, in relation to section 18 of chapter 15A, sections 6C and 18B of chapter 118G and section 188 of chapter 149 of the General Laws, which are in force immediately before the effective date of this act, shall continue in force and shall thereafter be enforced, until superseded, revised,

rescinded or canceled, in accordance with law, by the transferee agency, the commonwealth health insurance connector.

Amendment #252

Representative Vieira of East Falmouth moves to amend the bill (H4127) by striking section 49.

Amendment #253

Mr. Hecht of Watertown moves to amend the bill in section 121, line 1952 by inserting after the word "payer." the following: "Access to data shall also include disclosing to consumers, on a timely basis and in an easily readable and understandable format, all data collected on health care services they have personally received".

Amendment #254

Representatives Atsalis of West Hyannisport and DiNatale of Fitchburg move that the bill (House No. 4127) be amended by striking out SECTION 99 and inserting in place thereof the following: - SECTION 99. Section 2A of chapter 118G of the General Laws, as so appearing, is hereby amended by striking out the first and second sentence and inserting in place thereof the following: - The secretary, in consultation with the division, shall establish rates of payment for health care services. The secretary shall have the sole responsibility for establishing rates to be paid to providers for health care services by governmental units, including the division of industrial accidents; provided that in connection with the establishment of rates of payment for health care services adjudged compensable under chapter 152, as provided in section 13 of chapter 152, the secretary shall also consult with the commissioner of insurance and said commissioner shall certify that any proposed increase in such provider rates shall not adversely affect employers' workers' compensation insurance rates and premiums.

Amendment #255

Representatives Atsalis of West Hyannisport and DiNatale of Fitchburg move that the Bill (House No. 4127) be amended by striking out SECTION 132 and inserting in place thereof the following: -
SECTION 132. Subsection (1) of section 13 of chapter 152 is hereby amended by striking out the first sentence therein and inserting in place thereof the following: - The

rate of payment by insurers for health care services adjudged compensable under this chapter shall be established by the division of health care cost and quality under the provisions of chapter one hundred and eighteen G; provided, however, that the division shall consult with the commissioner of insurance in the establishment of such provider rates and said commissioner shall certify that any proposed increase in such provider rates shall not adversely affect employers' workers' compensation insurance rates and premiums. A different rate for services may be agreed upon by the insurer, the employer and the health care service provider; provided that any collusion between or among providers to obtain higher rates of payment from any insurer than those established under chapter one hundred and eighteen G shall be deemed to be a violation of chapter 93A.

Amendment #256

Representative O'Connell of Taunton moves to amend House Bill 4127 by adding the following section:- "SECTION XX. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by adding, after section 72Z, the following section:- Section 72Z½. As used in this section, the following word shall have the following meaning: "Psychotropic medication", a chemical substance that acts primarily upon the central nervous system where it alters brain function, resulting in temporary changes in perception, mood, consciousness and behavior. Every resident in a nursing home, rest home, or other long term care facility that is prescribed psychotropic medications, shall have the facility in which they reside, as well as the prescribing physician, first obtain informed consent from the resident, and the resident's health care proxy, or a court appointed Rogers guardian. The facility shall keep on record a copy of the written consent form between the resident and the prescribing physician when prescribing psychotropic medications.".

Amendment #257

Mr. Lawn of Watertown moves that the bill be amended by a new section, Section XX: Section 18 of chapter 15A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out, in lines 14 and 36, the words "division of health care finance and policy" and inserting in place thereof, in each instance, the following words:- commonwealth health insurance connector.

Amendment #258

Mr. Dempsey of Haverhill moves to amend H. 4127 by striking, in line 233, after the words "chapter 118G", the words:- not later than January 1, 2014.
And further amended by striking, in line 250, after the words "chapter 118G", the words:-

not later than January 1, 2014.
And further amended by striking, in line 639, the words "Effective July 1, 2013, upon" and replacing them with the following word:- Upon
And further amended by striking, in lines 674 and 675, the following words:- The department of public health on or before February 1, 2013 shall promulgate regulations or guidelines to implement the findings of this section.
And further amended by striking, in line 676, the words "Beginning April 15, 2013, hospitals" and replacing them with the following word:- Following
And further amended by striking subsection (f) of section 226 of chapter 111 of the General Laws, as inserted by section 83 of this act, in lines 679-684.
And further amended by striking, in line 800, the words "As of July 1, 2013, rates" and replacing them with the following word:- Rates
And further amended by striking section 68 of chapter 118E of the General Laws, as inserted by section 97 of this act, in lines 844-846.
And further amend the bill by adding the following sections:
SECTION XX. The department of public health, on or before February 1, 2013, shall promulgate regulations or guidelines to implement the findings of hearings conducted under section 226 of chapter 111 of the General Laws as to what constitutes an "emergency situation", warranting mandatory overtime of nurses.
SECTION XX. The department of public health, on or before January 1, 2014, shall promulgate regulations to establish a system to levy an administrative fine on any facility that violates this section or any regulation issued under this section. The fine shall be not less than $100 and not greater than $1,000 for each violation and fines collected shall be dedicated to the department of public health's statewide sexual assault nurse examiner program. Said regulations shall also establish an independent appeals process for penalized entities.
SECTION XX. MassHealth shall implement, no later than July 1, 2013, the Express Lane re-enrollment program for streamlined eligibility procedures to renew eligibility for parents with children who are enrolled in the SNAP program.
SECTION XX. Section 27 of chapter 32A of the General Laws, as inserted by section 20 of this act, shall take effect on January 1, 2014.
SECTION XX. Section 30 of chapter 32B of the General Laws, as inserted by section 21 of this act, shall take effect on January 1, 2014.
SECTION XX. Section 225 of chapter 111 of the General Laws, as inserted by section 83 of this act, shall take effect on July 1, 2013.
SECTION XX. Subsection (e) of section 226 of chapter 111 of the General Laws, as inserted by section 83 of this act, shall take effect on April 15, 2013.
SECTION XX. Section 64 of chapter 111 of the General Laws, as inserted by section 83 of this act, shall take effect on July 1, 2013.

Amendment #259

Ms. Story of Amherst moves to amend the bill (House No. 4127) in section 121, in line 2231, by striking out the word "and"; and moves to further amend the bill, in line 2232,

after the word "Survey", by inserting the following words:- "; and (v) the American Medical Association Physician Consortium for Performance Improvement's Maternity Care Quality Set."

Amendment #260

Ms. Story of Amherst moves to amend the bill (House No. 4127) in section 121, in line 2231, by striking out the word "and"; and moves to further amend the bill, in line 2232, after the word "Survey" by inserting the following words:- "; and (v) the National Quality Forum's Child Health Quality Measures."

Amendment #261

Representatives Story of Amherst and Garballey of Arlington move to amend the bill (House No. 4127) in section 42, in line 1518, after the word "chapter" by inserting the following:- ", including, but not limited to: (1) Protect quality, access and patient choice of primary care provider and accountable care organization for the residents of the commonwealth. (2) Establish standards for alternative payment methodologies to be utilized in contracts between payers and ACOs and other providers. Such standards shall include, but not be limited to the requirement that payment levels to providers under alternative payment methodologies shall be dependent, in part, on the achievement of quality performance and shall include risk adjustment for health status. All payers shall develop and employ alternative payment methodologies consistent with the requirements of this chapter. All contracts between payers and ACOs that contain a provision for shared savings between the provider and the payer may contain a mechanism to return a percentage of the savings to the ACO participants. (3) Establish safeguards against underutilization of services and protections against and penalties for inappropriate denials of services or treatment in connection with utilization of any alternative payment method or transition to a global payment system. (4) Establish safeguards against and penalties for inappropriate selection of low cost patients and avoidance of high cost patients by any provider accepting a risk based contract, including but not limited to requiring that ACOs accept as ACO patients all individuals regardless of payer source or clinical profile. (5) Establish parameters to measure and ensure access by disabled and other individuals with chronic or complex medical conditions to appropriate specialty care. (6) Evaluate and provide guidance through regulations relative to consumer protections and any deficiencies of patient choice of provider that may arise in the transition from a fee-for-service system. The division shall monitor the movement of patients from and between ACOs, and shall establish parameters for out-of-ACO arrangements, as well as for patient provider choice and other consumer protections; (7) Establish by regulation requirements for ACOs to address consumer grievances"

Amendment #262

Ms. Story of Amherst moves to amend the bill (House No. 4127) in section 11, in line 54, after the words "increase healthy behaviors" by inserting the following words:- ", including the management of chronic diseases"

Amendment #263

Ms. Story moves to amend the bill (House No. 4127), in section 11, in line 66 by striking the word "or"; and moves to further amend the bill, in line 68, after the words "health-related funding" by inserting the following words:- "; or (v) a community-based organization or group of community-based organizations working in collaboration"

Amendment #264

Ms. Story moves to amend the bill (House No. 4127), in section 17, in line 180 after the words "rural primary care sites" by inserting the following words:- " or family planning sites "

Amendment #265

Ms. Story moves to amend the bill (House No. 4127), in section 96, in line 825 after the words "care services." by inserting the following sentence:- "Family planning organizations may be reimbursed directly to insure necessary timely care."

Amendment #266

Representatives Forry and Walsh of Boston move to amend the bill (House, No. 4127) by inserting, in line 800, after the word "hospitals" the following:- ", community health centers"; by striking out, in line 801, the words "an additional 2 per cent" and inserting in place thereof the following words:- "a rate equal to the Boston area medical CPI but not less than 4 per cent"; by inserting, in line 804, after the word "hospitals" the following:- ", health centers"; by striking out, in line 806, the words "the 2 per cent" and inserting in place thereof the following words:- "a rate equal to the Boston area medical CPI but not less than the 4 per cent"; and by striking out, in line 808, the words "the 2 per cent" and inserting in place thereof the following words:- "a rate equal to the Boston area medical CPI but not less than 4 per cent".

Amendment #267

Representatives Khan of Newton, Lewis of Winchester and Sciortino of Medford move to amend the bill by adding the following sections:
"Section 6 of Chapter 64H of the Massachusetts General Laws, as appearing in the 2008 official Edition, is hereby amended in paragraph (h) by deleting the following: "soft drinks" and further amended inserting after the second sentence the following new sentence; "Food products" does not include soft drinks. "Soft drink" means any non-alcoholic beverage sold for human consumption including, but not limited to, the following: soda water, ginger ale, all drinks commonly referred to as cola, lime, lemon, lemon-lime and other flavored drinks whether naturally or artificially flavored, including any fruit or vegetable drink containing fifty percent (50%) or less natural fruit juice, natural vegetable juice, and all other drinks and beverages commonly referred to as soft drinks but not including coffee or tea unless the coffee or tea is bottled as a liquid for sale. All sales tax revenues collected from the sale of soft drinks under this chapter shall be deposited in the Prevention and Wellness Trust Fund, established in section 2G of chapter 111."

Amendment #268

MS. ANDREWS of ORANGE moves that the bill (House No. 4127) be amended by striking out SECTION 17 and inserting in place thereof the following: -
SECTION 17. Chapter 29 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting after section 2EEEE the following 2 sections:—
Section 2FFFF. (a)There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Health Care Workforce Trust Fund, hereinafter called the fund. The fund shall be administered by the health care workforce center which may contract with any appropriate entity to administer the fund or any portion therein. The purposes of the fund shall include:
(i) 50 per cent of the monies in the Fund shall be transferred for the purposes of making awards to primary care professionals and 50 percent of the monies in the Fund shall be transferred for the purposes of making awards to primary care physicians for repayment assistance for medical or nursing school loans pursuant to section 62 of chapter 118G; provided, however that in administering the loan forgiveness grant program; that at least 90 per cent of funds provided to primary care physicians herein shall be granted to applicants performing terms of service in rural primary care sites that meet the criteria of a medically underserved area as determined by the health care workforce center;
(ii) providing employment training opportunities, job placement, career ladder and educational services for currently employed or unemployed health workers who are seeking new positions or responsibilities within the health care industry with a focus on aligning training and education with industry needs, provided that the fund shall support the distribution of grants to selected health systems, non-profit organizations, labor

unions, labor-industry partnerships and others;
(iii) funding residency positions in primary care pursuant to section 64 of chapter 118G; and
(iv) funding rural health rotation programs, rural health clerkships, and rural health preceptorships at medical and nursing schools to expose students to practicing in rural and small town communities.
(b) There shall be credited to the fund all monies payable pursuant to (i) funds that are paid to the health care workforce loan repayment program, established under section 62 of chapter 118G, as a result of a breach of contract and private funds contributed from other sources; and (ii) any revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund, and any gifts, grants, private contributions, investment income earned on the fund's assets and all other sources. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund.
(c) The fund shall supplement and not replace existing publically-financed health care workforce development programs.
(d) The health care workforce center shall promulgate regulations pursuant to the distribution of monies from the fund to programs listed under subsection (a) and applicant eligibility criteria for said funds.
(e) The health care workforce center shall annually, not later than December 31, report to the secretary of administration and finance, the house and senate committees on ways and means, and the joint committee on health care financing regarding the revenues and distribution of monies from the fund in the prior fiscal year.
Section 2GGGG. There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Distressed Hospital Trust Fund, which shall be administered by the division of health care cost and quality. Expenditures from the Distressed Hospital Trust Fund shall be dedicated to efforts to improve and enhance the ability of community hospitals to serve populations in need more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support and care coordination services, improve health information technology, or other efforts to create effective coordination of care.
The division, in consultation with the Massachusetts Hospital Association, shall develop a competitive grant process for awards to be distributed to distressed hospitals out of said fund. The grant process consideration shall include, but not be limited to, the following factors: (1) payer mix, (2) financial health and its financial needs in the context of being viable in the long term, (3) geographic need, and (4) population need. In assessing financial health, the division shall take into account day's cash on hand, net working capital, earnings before depreciation and amortization, and access to working capital.

Amendment #269

Representative Moran of Boston moves to amend the bill by adding the following section: "SECTION XXX. Notwithstanding any law or rule the contrary, for fiscal year 2013, in establishing Medicaid reimbursement rates for inpatient services provided by

chronic disease rehabilitation hospitals located in the commonwealth that serve solely children and adolescents, the department of health and human services shall apply a multiplier of 1.5 times the hospital's inpatient per diem rate in fiscal year 2012. For fiscal year 2014 and beyond, such rates of reimbursement shall not be lower than the rates in effect for the prior fiscal year".

Amendment #270

Mr. Collins of Boston moves to amend the bill (House, No. 4127) in section 124, in item 2910, by inserting the following after the phrase "All accountable care organizations":- " and any government entity that contracted with a health plan or insurer utilizing ACOs was a party to the appeals process",

Amendment #271

Mr. Garballey of Arlington moves that the bill be amended by adding the following section: - "SECTION XX. Section 18 of chapter 15A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out, in lines 14 and 36, the words "division of health care finance and policy" and inserting in place thereof, in each instance, the following words:- commonwealth health insurance connector."

Amendment #272

Mr. DiNatale of Fitchburg moves to amend the bill by inserting the following two sections:
SECTION XX. Chapter 288 of the Acts of 2010 is hereby amended by striking out section 66 and inserting in place thereof the following section:
SECTION 66. For small group base rate factors applied under section 3 of chapter 176J of the General Laws between October 1, 2010 and July 1, 2015, a carrier shall limit the effect of the application of any single or combination of rate adjustment factors identified in paragraphs (2) to (6), inclusive, of subsection (a) of said chapter 3 of said chapter 176J that are used in the calculation of an individual's or small group's premium so that the final annual premium charged to an individual or small group does not increase by more than an amount established annually by the commissioner by regulation.
SECTION XX. Section 70 of chapter 288 of the acts of 2010 is hereby amended by striking out the figure "2012" and inserting in place thereof the following figure:- 2015.

Amendment #273

Ms. O'Connell of Taunton moves to amend House Bill 4127 by inserting at the end thereof the following section:- "SECTION XX: Notwithstanding any general or special law to the contrary, the executive office of health and human services shall conduct a study commission to investigate the implementation of a pilot program to increase the adoption of health savings accounts and consumer-driven health plans in the marketplace, including state employees and persons receiving subsidized health care. The study commission shall be chaired by EOHHS and shall include: 1 person appointed by the Governor; 1 appointee of the Senate President; 1 appointee of the Senate Minority Leader; 1 appointee of the Speak of the House; 1 appointee of the House Minority Leader; 1 representative from the GIC; 1 representative from the banking industry; 1 representative from Mass Health Underwriters Association; 1 representative from the Association of Health Plans; 1 representative from AIM. The commission shall file a report with recommendations for implementation with the House Clerk by April 1, 2013." The scope of the commission shall include, without limitation, identifying: the barriers to full implementation of health savings accounts, consumer-driver health plans, and high-deductible health plans; providing greater consumer choice; incentives to increase utilization of health savings accounts, consumer-driver health plans, and high-deductible health plans."

Amendment #274

Ms. Khan of Newton moves to amend the bill H. 4127 by adding the following section: SECTION 181 of House No. 4127 is hereby amended by inserting after the number "111", in line 3732, the following words: - , a psychiatric facility licensed under Chapter 19,. Here is the redline: At line 3732: "Facility", a hospital, clinic or nursing home licensed pursuant to chapter 111, a psychiatric facility licensed under Chapter 19, or a home health agency. The term shall also include any corporation, professional corporation, partnership, limited liability company, limited liability partnership, authority, or other entity comprised of such facilities.

Amendment #275

Mr. Walsh of Boston moves that the bill be amended, in Section 121, by striking out the text in lines 1619 to 1673, inclusive, and inserting in place thereof the following text:- Section 46. (a) The division shall calculate a statewide medical spend benchmark by July 1. The benchmark shall be calculated by multiplying (1) the statewide medical spend benchmark of the prior year; and (2) the modified potential gross state product growth rate, as determined in subsection (b). For the initial statewide medical spend benchmark in 2012, the division shall calculate the medical spend for 2011 and multiply that number by the modified potential state product growth rate for calendar year 2012. (b) (1) As part of the governor's annual budget submission, the secretary for administration and finance shall publish the potential gross state product growth rate for the following calendar year

beginning on January 1. Notwithstanding this subsection, for calendar years 2012 and 2013 the potential gross state product growth rate shall be 3.6%. (2) The division shall calculate the modified potential gross state product growth rate by taking the rate as defined by the secretary under paragraph (1) and making the following adjustments: (A) Calendar Years 2012 – 2015: No modification (B) Calendar Years 2016 – 2026: minus 0.5% (C) Calendar Years 2027 and beyond: plus 1% (c) The division shall calculate a regional medical spend benchmark in a fashion similar to subsection (a). The division shall divide the commonwealth into 3 geographic regions. The division may adjust the regions once every 5 years to account for any changes in medical operations that significantly impact the regions. Section 47. (a) As used in this section, the following word shall have the following meaning: "Health care entity", a clinic, hospital, ambulatory surgical center, physician organization, accountable care organization, or payer; provided however that physician contracting units of 9 or less shall be excluded from this definition. (b) Within 180 days of the end of each calendar year, the division shall conduct a review of the medical spend in each of the 3 geographic regions established under section 46, provided however, that the division shall have 300 days for its initial review. (c) If the division determines that the regional medical spend benchmark, as established under section 46, was met in a geographic region, then the division shall take no action on any health care entity within that region. (d) If the division determines that a region exceeded its regional spend benchmark for the year, the division shall determine if the excess growth was caused in whole or in part by circumstances beyond the control of health care entities within such region. When reviewing the circumstances beyond the control of health care entities, the division may review items such as 1) age and other health status adjusted factors, 2) other cost inputs such as pharmaceutical expenses and medical device expenses, and 3) the region's ability to meet the benchmark in previous years. The division shall take no action if it determines that the excess growth was beyond the control of such health care entities. (e) If the division determines, under the analysis established under subsection (d), that excessive growth was not beyond the control of such health care entities, then the division shall analyze the cost growth of individual health care entities located within such region Based on the results of such analysis, beginning in calendar year 2016, the division may take actions as established under section 48. taking into consideration factors such as: (1) the costs, price and utilization trends of the health care entity over time, and any demonstrated improvement to reduce spending; (2) any ongoing strategies or investments that the health care entity is implementing to improve future long-term efficiency and reduce cost growth; (3) whether the factors that led to increased costs for the health care entity can reasonably be considered to be unanticipated and outside of the control of the entity; (4) the overall financial condition of the health care entity; (5) the proportionate impact of the health care entity's costs on the growth in medical spend within its region; (6) the need to invest in an promote utilization of services that have been historically under-resourced and underutilized; and (7) any other factors the division considers relevant. (f) The division shall provide notice to all health care entities within any geographic region that exceeds the regional medical spend benchmark for a given year that said benchmark has been exceeded. Such notice shall state that the division may analyze the cost growth of individual health care entities located within such region and, beginning in calendar year 2016, may require certain actions, as established in section 48,

and, at any time following the effective date of this act of this act, if such analysis indicates that an individual health care entity unduly contributed to excessive growth as a result of excessive consolidation, or collusion, the division shall refer such entity to the attorney general to take appropriate action. (g) The division may submit a recommendation for proposed legislation to the joint committee on health care financing if the division determines that modified potential gross state product growth rate or actions under section 48 should be modified, or believes that further legislative authority is needed to achieve the health care quality and spending sustainability objectives of this act.